STUDENT _____DATE OF BIRTH_____

DoDEA Gifted Education

Eligibility Status Record

To be competed and maintained for all students referred for gifted education.

School Year	School	Referred By	Status	Program Services

Referral Codes: Screening = S Parent = P Educator = E Self = SR Transfer Records = T

Status Codes: Eligible = E Ineligible = I Monitored = M

STUDENT _____DATE OF BIRTH_____

Profile of Strengths

Provide scores and/or ratings for each area where information is available.

DATE							
School							
Grade							
Available Data							
Personal Rating Scale							
Parent Rating Scale							
Teacher Rating Scale							
TerraNova Total Battery							
Achievement Test*							
TCS Total Percentile							
Ability Test Percentile*							
Other*							
Committee Review	(Ratings 1 - 4, Low to High)						
Observations Rating							
Interview Rating							
Performances Rating							
Accomplishments Rating							
Academic Grades Rating							
Portfolio Rating							

*Specify test administered

NOTES

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