



The School District of Escambia County

GIFTED SCREENING MATRIX

Student's Legal Name (Last, First, Middle)		Student Number	Grade
School	Teacher	DOB	Date
Parent/Guardian:			
Address		City	Zip
Home Phone	Work Phone	Cell Phone	

A screening is recommended to assist in meeting the educational needs of your child. The proposed screening is based on a review of your child's educational records, along with recommendations of teachers and other personnel who are familiar with your child. With your consent, the screenings listed below may be conducted:

_____ Gifted Characteristics Checklist
 _____ Intellectual Screening (i.e., KBIT-2 or other state/District approved screener)
 _____ Vision/Hearing Screening (attach Vision/Hearing Screening Request Form)

Parent Signature: _____ Date: _____

Special Considerations:

Is the student currently receiving ESE services? _____ Yes _____ No If YES what services? _____
 Is the student Limited English Proficient? _____ Yes _____ No If YES, receiving ESOL services? _____ Yes _____ No
 Does the student receive Free/Reduced Lunch? _____ Yes _____

Components:

I. **Gifted Characteristics** (total score of 41 or greater is necessary for continued consideration) _____ Yes _____ No

II. **Date Screening Assessment Administered:** _____ **Administered by:** _____

III. **Screening Assessment Results:** Verbal: _____ Nonverbal: _____ Composite: _____

IV. **Composite Options: Mark the option that applies**
 _____ **Composite option A:** Screening assessment score 125 or above
 _____ **Composite option B:** Composite score of 120-124 and 95th percentile on achievement test, or above proficiency in two areas on district/state assessments
NOTE: If either Composite option A OR B are marked, request a Referral form from school psychologist
 _____ **Composite option C:** Screening assessment score of at least 115 **AND** student qualifies for low SES or LEP. Continue with the Gifted Plan B Matrix.

V. **If student does not meet any of the above options for referral:**
 The Referral Coordinator will inform the parent that the student did not score the minimum requirement for eligibility consideration.

Screening referral outcome:

_____ Student was referred for a Gifted Evaluation to consider program eligibility
 _____ Student was not referred for a Gifted Evaluation
 _____ Parent was notified of screening referral outcome

Date of parent notification: _____ Method of contact: _____
 Contacted by: _____