

PINELLAS COUNTY SCHOOLS  
**EXCEPTIONAL STUDENT EDUCATION (ESE) DEPARTMENT**  
**GIFTED ONLY ELIGIBILITY DETERMINATION STAFFING**

\_\_\_\_\_ of \_\_\_\_\_

Student Name:	Student Number:	Current School:	Meeting Date:
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**FACTORS RELEVANT TO THE PROPOSED PLACEMENT**

Review of current evaluations

Review of classroom performance

Review of information from previous placement:     in Pinellas County                       in Florida                       out of state

Need to provide comparable services from:     previous Pinellas County services     Florida                       out of state

Other: \_\_\_\_\_

RECOMMENDATION OF ELIGIBILITY: Programs	Eligibility	Ineligible	Student Transfer Eligibility	Dismissal

**The change in your child's eligibility recommendation as noted above will be effective**

Refer to Eligibility Criteria Indicators (if applicable). If the committee is unable to reach consensus, contact IDEA Team Leader for assistance.

**Eligibility Determination Committee Participants**

Signatures indicate agreement with eligibility recommendation. If committee member disagrees, an explanation is attached.  
 (Minimum of three professionals in attendance, including ESE Administrator or designee)

ESE Teacher or Provider	Other	Title
Other	Other	Title
Other	Other	Title
ESE Administrator or Designee: Indicates agreement and approval of eligibility.	Other	Title

**ESE Administrator or Designee** Name \_\_\_\_\_ Title: \_\_\_\_\_

School/Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents: You have specific rights concerning this proposal which are described in the **Procedural Safeguards**. Should you want additional information, please contact the ESE Administrator or Designee listed above. You may also contact the ESE Office, Pinellas County Schools at 727-588-6032.

**Notice to Principal of Eligibility:** Placing a copy of this form in the student's staffing folder notifies the principal of the student's eligibility.