

## **SAT Meeting Summary Form – Gifted**

To be completed during SAT Meeting for Gifted referral consideration

Student \_\_\_\_\_ Student ID \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_ Teacher \_\_\_\_\_

Referred by ☐ teacher ☐ parent/guardian ☐ other (specify): \_\_\_\_\_

Persons in attendance at this meeting:

<input type="checkbox"/> SAT chairperson	Name: _____	Signature: _____
<input type="checkbox"/> Administrator	Name: _____	Signature: _____
<input type="checkbox"/> Teacher	Name: _____	Signature: _____
<input type="checkbox"/> Parent/guardian	Name: _____	Signature: _____
<input type="checkbox"/> Parent/guardian	Name: _____	Signature: _____
<input type="checkbox"/>	Name: _____	Signature: _____
<input type="checkbox"/>	Name: _____	Signature: _____
<input type="checkbox"/>	Name: _____	Signature: _____

**Summary of updated test results:**

**Areas student excels:**

**Areas of need:**

**Additional information gathered during meeting:**

**Conclusion and Next Steps – The SAT recommends to following action(s) based on the information examined by the SAT:**

- ☐ The SAT recommends additional screening for giftedness by the school diagnostician.
- ☐ Other (specify): \_\_\_\_\_