



**Miami-Dade County Public Schools
Division of Advanced Academic Programs
Consultation Model: High School Gifted Services**



20 ____ 20 ____ Monitoring Log

Student's Name: _____ ID#: _____ Grade: _____
 Parent/Guardian's Name: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Teacher's Name: _____ Course: _____

Level	Minimum Teacher Contact*
I	Monthly
II	Bi-Monthly
III	Weekly

* If necessary, Consultation Model teacher can arrange additional contacts.

Gifted Priority Educational Need (GPEN): Mathematics Language Arts Social Studies Science

Date	Level	Person (s) Contacted	Purpose of Contact	Outcome of Contact	Comments	
	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> Administrator <input type="checkbox"/> Counselor <input type="checkbox"/> Student <input type="checkbox"/> Teacher: _____ Course: _____ <input type="checkbox"/> Social Worker <input type="checkbox"/> Parent	<input type="checkbox"/> Academic Performance <input type="checkbox"/> Behavior <input type="checkbox"/> Class Observation <input type="checkbox"/> Grade Monitoring <input type="checkbox"/> Social/Emotional Concerns <input type="checkbox"/> Level Change <input type="checkbox"/> Interim Progress Report	<input type="checkbox"/> Attendance <input type="checkbox"/> Curriculum Differentiation <input type="checkbox"/> Informational <input type="checkbox"/> Monitor Progress towards goals/objectives <input type="checkbox"/> Organizational Skills <input type="checkbox"/> Schedule Change <input type="checkbox"/> Other: _____	<input type="checkbox"/> Change level of service <input type="checkbox"/> Continue monitoring <input type="checkbox"/> Internship <input type="checkbox"/> Parent called <input type="checkbox"/> Progress Report <input type="checkbox"/> Scholarship application <input type="checkbox"/> Tests applied for: _____ <input type="checkbox"/> Other: _____	
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