



Biloxi Public Schools

Special Services

P.O. Box 168, Biloxi MS 39533 • (228) 435-4600 • Fax (228) 435-4601
Steve Huckaby, Director

GIFTED EDUCATION ANNUAL REASSESSMENT

Date: _____

Student: _____

Members Present:

_____ Principal

_____ CREATE Teacher

_____ Regular Education Teacher

_____ This student should continue in the CREATE program during the next school year.

_____ This student should not continue in the CREATE program during the next school year. If this option is chosen, the parent must be invited for a discussion, the district CREATE coordinator must be invited.

(The parents may ask for a district hearing if an agreement cannot be reached**)**

1. The parent must sign the **Gifted Education Discontinuation of Services Form** (form GE-9)