

# ALLEN COUNTY GIFTED WRITTEN ACADEMIC EDUCATION PLAN

<b>Demographic Data</b>	<b>WEP Initially Written:</b>	<b>Today's Date (If Different):</b>
Student Name _____		School District/Building _____
Parent/Guardian Name _____		Age _____ Grade _____ Birthdate _____
Address _____		Male <input type="checkbox"/> Female <input type="checkbox"/> Graduation Year _____
City _____ State _____ Zip _____		
Home Phone _____	Work Phone _____	Cell Phone _____
Parent/Guardian Email _____		

**Gifted Identification Area(s) [OAC. 3301-51-15] Indicate score on lines EMIS Code: (see reverse side)**

**Superior Cognitive:** By Ability Score  \_\_\_\_\_ By Achievement Score  \_\_\_\_\_ Test/Date: \_\_\_\_\_

**Specific Academic:** Reading/Writing  \_\_\_\_\_ Mathematics  \_\_\_\_\_ Science  \_\_\_\_\_ Social Studies  \_\_\_\_\_ Test/Date: \_\_\_\_\_

**Creativity**  \_\_\_\_\_ **Visual/Performing Arts:** Music  \_\_\_\_\_ Visual Arts  \_\_\_\_\_ Dance  \_\_\_\_\_ Drama  \_\_\_\_\_

**Assessment Used and Date Administered:** \_\_\_\_\_

**Service Delivery:** GIS = Gifted Intervention Specialist  Regular Classroom Teacher

Differentiated Curriculum within Regular Classroom  and/or During Resource Room Pull-Out Class

Cluster Grouped  With  Without GIS  Number of Minutes in Class per Week:  

**Content Area:**

<input type="checkbox"/> Reading/Language Arts	<input type="checkbox"/> Art
<input type="checkbox"/> Math	<input type="checkbox"/> Technology
<input type="checkbox"/> Science	<input type="checkbox"/> Foreign Language
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Other _____
<input type="checkbox"/> Music	

**Post Secondary Options Enrollment**

Institution: \_\_\_\_\_  
Class(es) Taken Attached \_\_\_\_\_

**Early Entrance to Kindergarten**

**Early Graduation from High School**

**Waiver of Assignments:** This school district recognizes that gifted students need differentiated curriculum and instruction and support services in order to fully develop their cognitive, academic, creative and artistic abilities, or to excel in a specific content area, including opportunities to exceed grade level academic indicators and benchmarks. (OAC 3301-15-51 (D))

**Students who participate in gifted services are not assigned work missed in the regular classroom if this work:**

- provides practice or review
- has been mastered
- would be mastered easily if presented in another format

Teachers should attempt to introduce new concepts and schedule tests at a time when the gifted students are in the regular classroom; if this is not possible, the teacher and/or the GIS will compact the material to the level necessary to obtain or demonstrate mastery of essential elements. Long term projects or reports assigned by the classroom teacher are due on the date announced. Schedules for gifted services will be furnished to teachers, students and parents at the beginning of the school year, and revised as necessary.

### Annual Goals/Objectives for Student:

**Instructional Strategies**

<input type="checkbox"/> Acceleration/Honors/AP (circle one)	<input type="checkbox"/> Study of broad-based issues, themes, or problems
<input type="checkbox"/> Guided Independent Study	<input type="checkbox"/> Critical thinking skills development
<input type="checkbox"/> Learning Center	<input type="checkbox"/> Creative Thinking skills development
<input type="checkbox"/> Competitions	<input type="checkbox"/> Seminars/Workshops
<input type="checkbox"/> Computer-Aided Instruction	<input type="checkbox"/> Mentorship/Internship
<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Investigation of Real-World Problems
<input type="checkbox"/> Enrichment Units of Study	<input type="checkbox"/> Other _____

### Evaluation of Goals/Objectives:

School Year: \_\_\_\_\_ Date to Review: \_\_\_\_\_

**Student progress will be reported in January and May via gifted department report cards.**

### Academic Education Plan Review Members Signatures

Parent Permission:  I agree /  I disagree with the written education plan as outlined.  I am *appealing* the written education plan as outlined.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regular Classroom Teacher: \_\_\_\_\_ Student: \_\_\_\_\_

District /County Representative: \_\_\_\_\_ Gifted Intervention Specialist: \_\_\_\_\_