South Point Local Schools
Written Education Plan

Student Name_____   ID#_____

Building: ☐ **Burlington Elementary School**   ☐ **South Point Elementary School**   ☐ **South Point Middle School**

Pre-Assessment Results:

_____ Refer for screening – Date: _____
_____ No further screening needed at this time – Date: _____

Assessment for Screening Results:

_____ Immediate identification – Date: _____
_____ Refer for identification assessment – Date: _____
_____ No further assessment needed at this time – Date: _____

Assessment for Identification Results:

_____Qualifies for gifted services in _____   Date: _____
_____Qualifies for gifted services through out-of-district assessment data.   Date: _____
Type of assessment: _____   Score: _____
Area(s) of Identification: _____
_____ Does not qualify for gifted services at this time.   Date: _____

Gifted Intervention Specialist Signature: _____ Date: _____

Administrator Signature: _____

Parent/Guardian Signature (optional) _____

Last updated: _____
(List each date)

Progress Report: 1ˢᵗ Date _____   2ⁿᵈ Date _____   3ʳᵈ Date _____   4ᵗʰ Date _____
                              (No later than)   (No later than)   (No later than)   (No later than)
Reporting Method:
☐ Face to face   ☐ Face to face   ☐ Face to face   ☐ Face to face
☐ Conference Call   ☐ Conference Call   ☐ Conference Call   ☐ Conference Call
☐ Written Progress Report   ☐ Written Progress Report   ☐ Written Progress Report   ☐ Written Progress Report

Check appropriate box(es) of service.

Grade													Service Delivery During Regular School Day	Person Providing Service		
K	1	2	3	4	5	6	7	8	9	10	11	12		GIS	Regular Classroom	Other
													Differentiation- varying content, process and/or product (strategies may include: curriculum compacting, interest/learning centers, contracts, tiered assignments, independent study, etc.) Specify			
													Clustering in the classroom			
													Resource room pull-out			
													Self-contained classroom			
													Acceleration – Subject(S) of Grade Level (G)			
													Mentorships			
													Advanced Placement Class			
													Honors			
													Seminars, Small Group enrichment			
													Academic Competitions/Clubs			
													Distance Learning			
													Post Secondary Enrollment			
													Counseling in Career Options			
													Other:			

Specific Information: (Special modifications, activities or service specifications)

Grade _____   Date: _____

Goals _____

Method of Evaluation _____

Expectations regarding assignments missed while participating in gifted services. _____

_____

Date of next review for possible revision. _____

Initialed by: GIS _____   Classroom teacher _____   Administrator _____   Parent _____
_____

Grade _____   Date: _____

Goals _____

Method of Evaluation _____

Expectations regarding assignments missed while participating in gifted services. _____

_____

Date of next review for possible revision. _____

Initialed by: GIS _____   Classroom teacher _____   Administrator _____   Parent _____

Grade _____   Date: _____

Goals _____

Method of Evaluation _____

Expectations regarding assignments missed while participating in gifted services. _____

_____

Date of next review for possible revision. _____

Initialed by: GIS _____   Classroom teacher _____   Administrator _____   Parent _____

Grade _____   Date: _____

Goals _____

Method of Evaluation _____

Expectations regarding assignments missed while participating in gifted services. _____

_____

Date of next review for possible revision. _____

Initialed by: GIS _____   Classroom teacher _____   Administrator _____   Parent _____

_____

Grade _____   Date: _____

Goals _____

Method of Evaluation _____

Expectations regarding assignments missed while participating in gifted services. _____

_____

Date of next review for possible revision. _____

Initialed by: GIS _____   Classroom teacher _____   Administrator _____   Parent _____