

Written Education Plan (WEP)

Student Name _____	Date of Birth _____	Grade Level _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Identification Number _____	Student Address _____			
Parent/Guardian _____	Parent Address _____			
Email _____	Home Phone _____	Work Phone _____		
District of Residence _____	District of Service _____			
Meeting Date _____	Does student have Written Acceleration Plan? _____	Target graduation date _____		

Area (s) and date(s) of Identification:

Superior Cognitive Ability _____ Creative Thinking Ability _____

Specific Academic Ability: Reading/Writing/Combination _____ Mathematics _____ Science _____ Social Studies _____

Visual Performing Arts: Drama _____ Dance _____ Music _____ Visual Arts _____

Student interests and learning styles:

Present levels of academic and social/emotional functioning:

Student name: _____

(Duplicate one page for each goal)

Written Education Plan (WEP) Annual Goal Page

Annual Goal:	Goal # _____ of _____
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Content area(s) to be addressed by this goal:	
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Area of identification associated with this goal: <input type="checkbox"/> Superior Cognitive Ability <input type="checkbox"/> Specific Academic Ability: _____ <input type="checkbox"/> Creative Thinking Ability <input type="checkbox"/> Visual Performing Arts: _____
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What specific program components or curricular interventions will assist in accomplishing this goal? Consider the differentiation concepts of acceleration, complexity, depth, challenge, abstractness, and/or cognitive creativity.
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State the policy for waiver of assignments and scheduling of tests.

Student Progress Measures (How will this student prove mastery of this goal?)

Service Setting for this goal/objective: <input type="checkbox"/> Gifted Resource Room <input type="checkbox"/> Gifted Self-Contained Class <input type="checkbox"/> Regular Education Class (GIS) <input type="checkbox"/> Regular Education Class (Gen. Ed. Teacher) <input type="checkbox"/> Acceleration Placement <input type="checkbox"/> Arts Classroom (specify: _____) <input type="checkbox"/> Internship/Mentorship <input type="checkbox"/> Advanced Placement <input type="checkbox"/> Educational Options <input type="checkbox"/> Dual Enrollment including PSEO
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Personnel Responsible for Service: <input type="checkbox"/> Gifted Intervention Specialist <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Arts Specialist <input type="checkbox"/> Gifted Coordinator <input type="checkbox"/> Other: _____

Written Education Plan (WEP) Signature Page

Student name _____ WEP effective dates from _____ to _____ Date of next review: _____

WEP Team Meeting Participants (choose all that apply)

Check one of the following: This WEP team meeting was a Face to face meeting Video conference Telephone Conference/ Conference Call Mail Correspondence

Student: (signature) _____ <input type="checkbox"/> Participated <input type="checkbox"/> Excused	Parent (signature) _____ <input type="checkbox"/> Participated <input type="checkbox"/> Excused
Gifted Intervention Specialist (signature) _____ <input type="checkbox"/> Participated <input type="checkbox"/> Excused	Parent: (signature) _____ <input type="checkbox"/> Participated <input type="checkbox"/> Excused
Gifted Coordinator (signature) _____ <input type="checkbox"/> Participated <input type="checkbox"/> Excused	Principal/Administrator (signature) _____ <input type="checkbox"/> Participated <input type="checkbox"/> Excused
General Education Teacher (signature) _____ <input type="checkbox"/> Participated <input type="checkbox"/> Excused	Other: _____ (signature) _____ <input type="checkbox"/> Participated <input type="checkbox"/> Excused
General Education Teacher (signature) _____ <input type="checkbox"/> Participated <input type="checkbox"/> Excused	Other: _____ (signature) _____ <input type="checkbox"/> Participated <input type="checkbox"/> Excused

Reporting Periods 1st Date _____ 2nd Date _____ 3rd Date _____ 4th Date _____

Initial WEP

- I give consent to initiate gifted education and related services specified in this WEP.
- I give consent to initiate gifted education and related services specified in this WEP except for _____
- I do not give consent for gifted education services at this time.

Parent Signature _____ Date _____

Parent Notice of District Service Options/Copy of the WEP

- I have received a copy of the Identification Procedures for the District
- I have received a copy of the District Service Options
- I have received a copy of this WEP

Parent Signature _____ Date: _____