Lawrence County Educational Service Center

Leadership · Teamwork · Vision · Service · Success
In Ohio's southern most county

Written Education Plan

School District_____
Building_____

Student Name_____ID#_____

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: _____

Intervention Specialist Signature: _____ Date: _____

Administrator Signature: _____

Parent/Guardian Signature (optional) _____

Last updated: _____
(list each date)

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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. _____

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