

Written Education Plan (WEP)

Student Name: _____ Date of Birth: _____ Grade Level: _____ Male 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 a 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 _____ |
|--------------|-----------------------|

| | |
|--|--|
| Content areas(s) to be addressed by this goal: | |
| 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: _____ | |

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.

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:

Gifted Resource Room Gifted Self-Contained Class Regular Education Class (GIS) Regular Education Class (Gen. Ed. Teacher)

Acceleration Placement Arts Classroom (Specify: _____) Internship/Mentorship

Advanced Placement Educational Options Dual Enrollment including PSEO

Personnel Responsible for Service:

Gifted Intervention Specialist General Education Teacher Arts Specialist Gifted Coordinator Other: _____

Written Education Plan (WEP)

Signature Page

Student Name: _____ WEP effective dates from _____ to _____ Date of next Review _____

WEP Team Meeting Participants

Check of the following: This WEP team meeting was a Face to face meeting Video conference Telephone conference/conference call
 Mail correspondence

Student
Signature: _____ Participated Excused

Gifted Intervention Specialist
Signature: _____ Participated Excused

Gifted Coordinator
Signature: _____ Participated Excused

Gifted Coordinator
Signature: _____ Participated Excused

General Education Teacher
Signature: _____ Participated Excused

General Education Teacher
Signature: _____ Participated Excused

Parent
Signature: _____ Participated Excused

Parent
Signature: _____ Participated Excused

Principal / Administrator
Signature: _____ Participated Excused

Other
Signature: _____ Participated Excused

Other
Signature: _____ Participated 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 _____