Gifted Individualized Education Plan (GIEP)

School Year:

GIEP Team Meeting Date:

Student ID #:

Implementation Date:

Anticipated Duration of Gifted Education:

# Student Information

Student Name:

Date of Birth: Age:

Student Email:

Grade:

# Parent/Guardian Information

Parent(s) Name:

Address:

Home Phone: Work Phone:

Home Email: Work Email:

# School Information

School District:

County of Residence:

Other Information:

# GIEP Team Participants

The Gifted Individualized Education Plan (GIEP) Team makes the decisions about the student’s program and placement. Required members of the GIEP team are: the student’s parent(s), the student (if appropriate), one or more of the student’s current teachers, a school district representative, other individuals at the discretion of either the parents or district and a teacher of the gifted.

|  |  |  |
| --- | --- | --- |
| Name | Position | Signature |
|  | Parent |  |
|  | Parent |  |
|  | Student\* |  |
|  | Teacher of Gifted |  |
|  | Teacher of |  |
|  | Teacher of |  |
|  | Teacher of |  |
|  | School District Representative (Chairperson)\*\* |  |
|  |  |  |

**\*** The student may participate if the parents choose to have the student participate.

**\*\*** The district representative is one who is knowledgeable about the availability of resources of the district and who is authorized by the district to commit those resources.

## Present Levels of Educational Performance (Current)

1. Academic/Cognitive Strengths
2. Achievement Results (aligned to grade/course level standards to indicate instructional level)
3. Progress on Goals (for annual review only)
4. Aptitudes, interests, specialized skills, products and evidence of effectiveness in other academic areas:
5. Grades/Classroom Performance as Indicated by Subject Area Teachers

## Goals and Outcomes

### Annual Goal #1:

Short-Term Learning Outcomes for Goal #1

|  |  |  |  |
| --- | --- | --- | --- |
| Short Term Objective | Objective Criteria | Assessment Procedures | Timeline |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Specially Designed Instruction for Annual Goal #1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SDI | Projected Date for Initiation | Anticipated Frequency | Location | Anticipated Duration |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Annual Goal #2:

Short-Term Learning Outcomes for Goal #2

|  |  |  |  |
| --- | --- | --- | --- |
| Short Term Objective | Objective Criteria | Assessment Procedures | Timeline |
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Specially Designed Instruction for Annual Goal #2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SDI | Projected Date for Initiation | Anticipated Frequency | Location | Anticipated Duration |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Annual Goal #3

Short-Term Learning Outcomes for Goal #3

|  |  |  |  |
| --- | --- | --- | --- |
| Short Term Objective | Objective Criteria | Assessment Procedures | Timeline |
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|  |  |  |  |
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Specially Designed Instruction for Annual Goal #3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SDI | Projected Date for Initiation | Anticipated Frequency | Location | Anticipated Duration |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Support Services

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Support Service  Description | Projected Date for Initiation | Anticipated Frequency | Location | Anticipated Duration | Service Provider |
|  |  |  |  |  |  |
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