## Gifted Corrective Action Verification - Bureau of Special Education

This form is designed to serve both as a planning tool for Improvement and as verification of completion of corrective action. It is to be submitted as a tracking document and with a school district's written request for extensions to due dates for corrective action.

School District: Mount Union Area School District

BSE Special Education Adviser: Dr. Shirley Curl

Date: <u>March 29 and 30, 2016</u>

Date of 1<sup>st</sup> Visit:

Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
				Policies and Procedures				
				GFSA-Strategic Plan and Policy     Standard: The School District has a gifted				
	x			education plan that includes procedures for the education of all gifted students enrolled in the school district.				
	x			2. GFSA-Personnel  Standard: In-Service training appropriately prepares and trains personnel to address the special knowledge, skills and abilities to serve the unique needs of gifted students.				
				3. GFSA - Special Education/Dual Exceptionalities  Standard: For students who are eligible for gifted individualized services under Chapter 16 and also				
	X			for special education services under Chapter 14, the School District must demonstrate compliance with all requirements of Chapter 14.				

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	X			4. GFSA-Screening and Evaluation Process  Standard: The School District demonstrates compliance with annual public notice requirements and has an appropriate screening and evaluation process.	<b>p 0 0 0 0</b>	n eestan ees		
x				5. GFSA-Gifted Education Placement  Standard: The School District demonstrates that educational placement and instruction is based on each gifted student's needs in accordance with Chapter 16.				
X				6. GFSA-Gifted procedural safeguards  Standard: The School District will demonstrate compliance with the gifted education procedural safeguard requirements of Chapter 16.				
	X			7. GFSA-Student Record Review  Standard: The School District has developed gifted multidisciplinary evaluation reports and gifted IEPs as required under Chapter 16 and has provided parents with procedural safeguards.				
				File Review (Completed by the School District team and BSE Team) Report of Results by Frequency Count of Responses				
				PERMISSION TO EVALUATE (PTE)-CONSENT FORM The following information is present:				
10	0	0	100%	8. PTE-Consent form is present in the student file				
10	0	0	100%	9. Demographic data				
10	0	0	100%	10. Reason(s) for referral				
10	0	0	100%	<ol> <li>Proposed types of assessments and procedures.</li> </ol>				
10	0	0	100%	Contact person's name and contact information.				

Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
10	0	0	100%	<ol> <li>Parent signature and initials documenting receipt of Notice of Parental Rights for Gifted Students.</li> </ol>				
				GIFTED WRITTEN REPORT (GWR) The following information is present:				
10	0	0	100%	14. GWR is present in the student file.				
8	2	0	80%	15. GWR was completed within timelines.				
7	0	3	100%	16. Demographic data				
5	5	0	50%	17. Date report was provided to parent.				
				18. Evaluations and information provided by the parents of the student (or documentation of the School District's attempts to obtain parent				
10	0	0	100%	input).				
10	0	0	100%	19. Teacher input is reflected in the document.				
10	0	0	100%	20. Information and recommendations from the District psychologist are in the document.				
10	0	0	100%	21. Recommendations from the team for the student are present in the document.				
				INVITATION TO PARTICIPATE IN A GIFTED TEAM MEETING The following information is present:				
10	0	0	100%	22. Current Invitation is present in the student file.				
9	1	0	90%	23. Invitation to Participate in Gifted Team Meeting was issued prior to the meeting or documentation that parent signed waiver to move directly to GIEP Meeting from a GMDE meeting.				
10	0	0	100%	24. Demographic Data				
10	0	0	100%	25. Purpose(s) of the meeting is identified.				
10	0	0	100%	Names of invited GIEP team members are included.				
10	0	0	100%	27. Date/time/location of meeting is included.				

Υ	N	NA	%#	Citation	Required Corrective Action or	Timelines and	Extension Date	Date Closed
					Improvement Plan	Resources		
				28. Parent response, or documentation of parent				
				attendance at the meeting, or documentation of				
				multiple efforts to encourage participation, and				
	4		000/	parent initials documenting receipt of Notice of				
9	1	0	90%	Parental Rights for a Gifted Student.  GIFTED INDIVIDUALIZED EDUCATION PLAN				
				(GIEP)				
				Documentation of GIEP Team Participation				
40	_		4000/	·				
10	0	0	100%	29. GIEP is present in the student file.				
10	0	0	100%	30. Parent(s) (or documented efforts to have them attend).				
10	U	U	100 /6	31. Student (if parent(s) choose to have the				
9	1	0	90%	student participate).				
	-			32. One or more of the student's current regular				
10	0	0	100%	education teachers.				
10	0	0	100%	33. Teacher of Gifted				
			10070	34. School District (authorized to commit the				
9	0	1	100%	resources of the district).				
				35. Other individuals at the discretion of either the				
8	0	2	100%	parent(s) or the School District.				
10	0	0	100%	36. Date of the GIEP Team Meeting				
9	1	0	90%	37. GIEP was completed within timelines.				
				The following information is present:				
10	0	0	100%	38. Demographic Data				
10	0	0	100%	39. GIEP implementation date.				
10	0	0	100%	40. Anticipated duration of services				
				Present Levels of Education Performance (PLEPS)				
				The following information is present:				
				41. Information is current (within one year of the				
10	0	0	100%	date of the GIEP).				

Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
10	0	0	100%	42. Information regarding the student's academic strengths indicates current instructional levels using multiple data points and leads to a goal.				
10	0	0	100%	43. Progress on previous year's academic goals is reported and evidence is cited to support growth				
10	0	0	100%	44. Instructional needs of the student are based on educational strengths				
				ANNUAL GOALS AND OBJECTIVES				
				The following information is present:				
4	6	0	40%	45. Annual Goals are stated and aligned to standards.				
5	5	0	50%	46. Annual Goals are responsive to the strengths in the Present Levels.				
4	5	1	44%	47. Short Term learning outcomes lead to goal achievement.				
4	5	1	44%	48. Objective criteria and assessment procedures are described.				
6	4	0	60%	49. Timelines are established so parents can gauge progress on goals.				
5	5	0	50%	50. Specially designed instruction includes strategies that support enrichment, acceleration, or a combination of both.				
1	9	0	10%	51. Specially designed instruction has a defined start date, frequency, and the duration is indicated.				
10	0	0	100%	52. Location(s) and/or Provider(s) of the specially designed instruction is documented.				
9	1	0	90%	53. Specially designed instruction supports the attainment of the goal.				
				SUPPORT SERVICES				
6	4	0	60%	54. Support service includes collaboration among the gifted support and general education teacher(s)				

Υ	N	NA	% #	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
	E	E	0%	55. Reference to a 504 is included if a student also				
0	5	5	0%	receives services under Chapter 15  56. Support services define the start date,				
5	5	0	50%	frequency, and duration				
5	5	0	50%	57. Location(s) of the support service is documented				
5	5	0	50%	58. Provider(s) of the support service is documented				
				NOTICE OF RECOMMENDED ASSIGNMENT (NORA)				
10	0	0	100%	59. NORA is present in the student file.				
				The following information is present:				
10	0	0	100%	60. Demographic data				
10	0	0	100%	61. Type of action taken				
10	0	0	100%	62. A description of the action proposed or evidence of refusal to take action				
			10070	63. A description of the other options the GIEP				
9	1	0	90%	team considered and the reason why those options were rejected				
				64. Description of the evaluation procedure,				
9	1	0	90%	assessment, record or report used as the basis for proposed action or action refused.				
10	0	0	100%	65. Signature of School District Superintendent.				
				66. Parent initials documenting receipt of Notice of				
10	0	0	100%	Parental Rights for Gifted Students				
10	0	0	100%	67. NORA reflects the instructional planning indicated on the student's GIEP				
				INTERVIEW FOR TEACHER OF GIFTED	The School District			
				STUDENTS	will consider interview responses			
					in planning			
					improvements for			
					gifted education.			

			%#	Citation	Required Corrective Action or	Timelines and	Extension Date	Date Closed
					Improvement Plan	Resources		
				68. Are you knowledgeable about Chapter 16 and				
10 0	0	0	100%	your role in providing gifted education services?				
				69. Are you familiar with the content of this				
				student's GIEP including annual goals, short term				
				learning outcomes, specially designed instruction				
10 C	0	0	100%	and support services?				
				70. Do you collaborate with general education				
	_	•	4000/	teachers to plan and implement special designed				
10 C	0	0	100%	instruction as defined in the student's GIEP?				
				71. When planning the GIEP, are you providing				
100	_	0	4000/	enrichment and/or acceleration aligned to the PA Core Standards?				
10 C	0	0	100%	72. Was the placement for this student based upon				
				the data collected on the individual student's				
10 0	0	0	100%	strengths?				
10 0			10070	73. Are the services and supports agreed upon in				
10 0	0	0	100%	the GIEP being implemented with fidelity?				
	_			74. Has the school district provided training on				
				gifted education to adequately prepare you for				
10 0	0	0	100%	teaching gifted children?				
				INTERVIEW FOR REGULAR EDUCATION	The School District			
				TEACHER(S)	will consider			
					interview responses			
					in planning			
					improvements for			
					gifted education.			
	,	0	000/	75. Are you knowledgeable about Chapter 16 and				
9 1	1	0	90%	your role in providing gifted education services?				
				76. Are you familiar with the content of this student's GIEP including annual goals, short term				
				learning outcomes, specially designed instruction				
9 1	1	0	90%	and support services?				
-	•	0	JU /0	77. Do you collaborate with the gifted education				
				teacher to plan and implement special designed				
7 3	3	0	70%	instruction as defined in the student's GIEP?				
		-	- , -	78. Did you participate in the GIEP planning				
8 2	2	0	80%	process for this student?				

Y	N	NA	%#	Citation	Required Corrective Action or	Timelines and	Extension Date	Date Closed
					Improvement Plan	Resources	Date	Oloseu
				79. Was the placement for this student based upon				
			000/	the data collected on the individual student's				
9	1	0	90%	strengths?				
9	1	0	90%	80. Are the services and supports agreed upon in the GIEP being implemented with fidelity?				
			0070	81. Has the school district provided training on				
				gifted education to adequately prepare you for				
3	7	0	30%	teaching gifted children?				
				INTERVIEW FOR PARENT OF GIFTED	The School District			
				STUDENT	will consider interview responses			
					in planning			
					improvements for			
					gifted education.			
				82. Were you asked to provide information for your				
				child's Gifted Multidisciplinary Evaluation or most recent Gifted Individualized Education Plan				
10	0	0	100%	(GIEP)?				
			10070	83. Was the GIEP finalized with input from the				
10	0	0	100%	team at the most recent GIEP review?				
				84. Were the following GIEP team members				
				present at the meeting: general education teacher,				
10	0	0	100%	gifted support teacher, and district representative, and Student, if applicable.				
10	- 0	0	10070	85. Did the GIEP team consider your input when				
10	0	0	100%	drafting the GIEP?				
				86. Was the placement for your child based upon				
10	0	0	100%	the data collected on his/her individual strengths?				
				87. Were all the services that the team considered				
9	1	0	90%	offered regardless of lack of resources, including qualified staff, funds, or space?				
	-		3070	88. Are you aware and understand gifted				
				regulations, parental rights, timelines, and district				
9	1	0	90%	policy(s) on gifted education?				
				89. Do you believe that the academic expectations				
40			4000/	outlined in the GIEP for your child are strength-				
10	0	0	100%	based?				

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10	0	0	100%	90. Do you feel that the assessment measures are a reflection of your child's progress?				
9	1	0	90%	91. Do you believe that there is sufficient communication between you and school district personnel?				
10	0	0	100%	92. Are the services and supports agreed upon in the GIEP being implemented with fidelity?				
				INTERVIEW FOR GIFTED STUDENT	The School District will consider interview responses in planning improvements for gifted education.			
10	0	0	100%	93. Do you know what your strength areas are?				
7	3	0	70%	94. Do you feel challenged in your strength areas?				
8	2	0	80%	95. Did you talk with your teachers or parents about your Gifted Individualized Education Plan (GIEP)?				
6	4	0	60%	96. Are you aware of what is in your GIEP and what you will be doing that is different from some of your classmates?				
9	1	0	90%	97. Do you have a chance to talk with your gifted support teacher on a regular basis?				
				Other Non-Compliance Issues				