

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: Southern Lehigh SD

BSE Special Education Adviser: Shirley Moyer, M. Ed.

Date: May 20, 2020 – October 22, 2020 (Virtual process)

Date of 1st Visit:

Policies and Procedures

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
1	X				GFSA-Strategic Plan and Policy Standard: The School District has a gifted education plan that includes procedures for the education of all gifted students enrolled in the school District.				
2	X				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		X			GFSA - Special Education/Dual Exceptionalities Standard: For students who are eligible for gifted individualized services under Chapter 16 and also for special education services under Chapter 14, the School District must demonstrate compliance with all requirements of Chapter 14.				
4	X				GFSA-Screening and Evaluation Process Standard: The School District demonstrates compliance with annual public notice				

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					requirements and has an appropriate screening and evaluation process.				
5		X			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.				
6	X				GfSA-Gifted procedural safeguards Standard: The School District will demonstrate compliance with the gifted education procedural safeguard requirements of Chapter 16.				
7		X			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 Evaluation (PTE) – Consent Form – the following information is present:

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
8	8	2	0	80%	PTE-Consent form is present in the student file				
9	8	0	2	100%	Demographic data				
10	8	0	2	100%	Reason(s) for referral				
11	8	0	2	100%	Proposed types of assessments and procedures.				
12	8	0	2	100%	Contact person's name and contact information.				
13	8	0	2	100%	Parent signature and initials documenting receipt of Notice of Parental Rights for Gifted Students.				

Gifted Written Report (GWR) – the following information is present:

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
14	8	2	0	80%	GWR is present in the student file.				
15	8	0	2	100%	GWR was completed within timelines.				
16	8	0	2	100%	Demographic data				
17	8	0	2	100%	Date report was provided to parent.				
18	8	0	2	100%	Evaluations and information provided by the parents of the student (or documentation of the School District's attempts to obtain parent input).				
19	8	0	2	100%	Teacher input is reflected in the document.				
20	8	0	2	100%	Information and recommendations from the District psychologist are in the document.				
21	8	0	2	100%	Recommendations from the team for the student are present in the document.				

Invitation to participate in a Gift Team Meeting – the following information is present:

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
22	10	0	0	100%	Current Invitation is present in the student file.				
23	9	1	0	90%	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.				
24	10	0	0	100%	Demographic Data				
25	10	0	0	100%	Purpose(s) of the meeting is identified.				
26	10	0	0	100%	Names of invited GIEP team members are included.				
27	10	0	0	100%	Date/time/location of meeting is included.				
28	10	0	0	100%	Parent response, or documentation of parent attendance at the meeting, or documentation of multiple efforts to encourage participation, and parent initials documenting receipt of Notice of Parental Rights for a Gifted Student.				

Gifted Individualized Education Plan (GIEP) – documentation of GIEP team participation:

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
29	6	4	0	60%	GIEP is present in the student file.				
30	6	0	4	100%	Parent(s)(or documented efforts to have them attend)				
31	2	0	8	100%	Student (if parent(s) choose to have the student participate).				
32	1	5	4	17%	One or more of the student's current regular education teachers.				
33	6	0	4	100%	Teacher of Gifted				
34	6	0	4	100%	School District (authorized to commit the resources of the District).				
35	0	0	10	100%	Other individuals at the discretion of either the parent(s) or the School District.				
36	6	0	4	100%	Date of the GIEP Team Meeting				
37	2	4	4	33%	GIEP was completed within timelines.				

Gifted Individualized Education Plan (GIEP) – the following information is present:

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
38	6	0	4	100%	Demographic Data				
39	6	0	4	100%	GIEP implementation date.				
40	6	0	4	100%	Anticipated duration of services				

Present Levels of Education Performance (PLEPS) – the following information is present:

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
41	6	0	4	100%	Information is current (within one year of the date of the GIEP).				
42	6	0	4	100%	Information regarding the student's academic strengths indicates current instructional levels using multiple data points and leads to a goal.				
43	6	0	4	100%	Progress on previous year's academic goals is reported and evidence is cited to support growth				
44	6	0	4	100%	Instructional needs of the student are based on educational strengths				

Annual Goals and Objectives

The following information is present:

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
45	6	0	4	100%	Annual Goals are stated and aligned to standards.				
46	6	0	4	100%	Annual Goals are responsive to the strengths in the Present Levels.				
47	6	0	4	100%	Short Term learning outcomes lead to goal achievement.				
48	6	0	4	100%	Objective criteria and assessment procedures are described.				
49	2	4	4	33%	Timelines are established so parents can gauge progress on goals.				
50	6	0	4	100%	Specially designed instruction includes strategies that support enrichment, acceleration, or a combination of both.				
51	5	1	4	83%	Specially designed instruction has a defined start date, frequency, and the duration is indicated.				
52	6	0	4	100%	Location(s) and/or Provider(s) of the specially designed instruction is documented.				
53	6	0	4	100%	Specially designed instruction supports the attainment of the goal.				

Support Services

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
54	6	0	4	100%	Support service includes collaboration among the gifted support and general education teacher(s)				
55	1	0	9	100%	Reference to a 504 is included if a student also receives services under Chapter 15				
56	6	0	4	100%	Support services define the start date, frequency, and duration				
57	6	0	4	100%	Location(s) of the support service is documented				
58	6	0	4	100%	Provider(s) of the support service is documented				

Notice of Recommended Assignment (NORA)

	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
59	10	0	0	100%	NORA is present in the student file.				

The following information is present:

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
60	10	0	0	100%	Demographic data				
61	10	0	0	100%	Type of action taken				
62	10	0	0	100%	A description of the action proposed or evidence of refusal to take action				
63	6	4	0	60%	A description of the other options the GIEP team considered and the reason why those options were rejected				
64	10	0	0	100%	Description of the evaluation procedure, assessment, record or report used as the basis for proposed action or action refused.				
65	10	0	0	100%	Signature of School District Superintendent.				
66	7	2	1	78%	Parent initials documenting receipt of Notice of Parental Rights for Gifted Students				
67	6	4	0	60%	NORA reflects the instructional planning indicated on the student's GIEP				

Interview for Teacher of Gifted Students

The District will consider interview responses in planning improvements for gifted education.

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
68	6	0	4	100%	Are you knowledgeable about Chapter 16 and your role in providing gifted education services?				

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
69	6	0	4	100%	Are you familiar with the content of this student's GIEP including annual goals, short term learning outcomes, specially designed instruction and support services?				
70	7	1	2	88%	Do you collaborate with general education teachers to plan and implement special designed instruction as defined in the student's GIEP?				
71	6	0	4	100%	When planning the GIEP, are you providing enrichment and/or acceleration aligned to the PA Core Standards?				
72	7	0	3	100%	Was the placement for this student based upon the data collected on the individual student's strengths?				
73	6	0	4	100%	Are the services and supports agreed upon in the GIEP being implemented with fidelity?				
74	10	0	0	100%	Has the school District provided training on gifted education to adequately prepare you for teaching gifted children?				

Interview for Regular Education Teacher(s)

The District will consider interview responses in planning improvements for gifted education.

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
75	10	0	0	100%	Are you knowledgeable about Chapter 16 and your role in providing gifted education services?				
76	3	4	3	43%	Are you familiar with the content of this student's GIEP including annual goals, short term learning outcomes, specially designed instruction and support services?				
77	5	2	3	71%	Do you collaborate with the gifted education teacher to plan and implement special designed instruction as defined in the student's GIEP?				
78	3	1	6	75%	Did you participate in the GIEP planning process for this student?				

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
79	4	4	2	50%	Was the placement for this student based upon the data collected on the individual student's strengths?				
80	6	1	3	86%	Are the services and supports agreed upon in the GIEP being implemented with fidelity?				
81	3	7	0	30%	Has the school District provided training on gifted education to adequately prepare you for teaching gifted children?				

Interview for Parent of Gifted Student

The District will consider interview responses in planning improvements for gifted education.

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
82	8	0	2	100%	Were you asked to provide information for your child's Gifted Multidisciplinary Evaluation or most recent Gifted Individualized Education Plan (GIEP)?				
83	7	1	2	88%	Was the GIEP finalized with input from the team at the most recent GIEP review?				
84	6	2	2	75%	Were the following GIEP team members present at the meeting: general education teacher, gifted support teacher, and District representative, and Student, if applicable.				
85	7	0	3	100%	Did the GIEP team consider your input when drafting the GIEP?				
86	8	0	2	100%	Was the placement for your child based upon the data collected on his/her individual strengths?				
87	8	0	2	100%	Were all the services that the team considered offered regardless of lack of resources, including qualified staff, funds, or space?				
88	8	1	1	89%	Are you aware and understand gifted regulations, parental rights, timelines, and District policy(s) on gifted education?				

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
89	7	1	2	88%	Do you believe that the academic expectations outlined in the GIEP for your child are strength-based?				
90	7	1	2	88%	Do you feel that the assessment measures are a reflection of your child's progress?				
91	9	0	1	100%	Do you believe that there is sufficient communication between you and school District personnel?				
92	7	1	2	88%	Are the services and supports agreed upon in the GIEP being implemented with fidelity?				

Other Non-Compliance Issues

Q#	Y	N	NA	%#	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
					Other Non-Compliance Issues				