

## 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: Mifflinburg Area School District

BSE Special Education Adviser: Dr. Shirley Curl

Date: January 6 and 7, 2015

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

Y	N	NA	% #	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
				<b>Policies and Procedures</b>				
	X			<b>1. GFSA-Strategic Plan and Policy</b> <b>Standard:</b> The School District has a gifted education plan that includes procedures for the education of all gifted students enrolled in the school district.				
	X			<b>2. GFSA-Personnel</b> <b>Standard:</b> In-Service training appropriately prepares and trains personnel to address the special knowledge, skills and abilities to serve the unique needs of gifted students.				
	X			<b>3. GFSA - Special Education/Dual Exceptionalities</b> <b>Standard:</b> 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.				
	X			<b>4. GFSA-Screening and Evaluation Process</b> <b>Standard:</b> The School District demonstrates compliance with annual public notice requirements and has an appropriate screening and evaluation process.				
	X			<b>5. GFSA-Gifted Education Placement</b> <b>Standard:</b> The School District demonstrates that educational placement and instruction is based on each gifted student's needs in accordance with Chapter 16.				

Y	N	NA	% #	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
X				6. <b>GfSA-Gifted procedural safeguards</b> <b>Standard:</b> The School District will demonstrate compliance with the gifted education procedural safeguard requirements of Chapter 16.				
	X			7. <b>GfSA-Student Record Review</b> <b>Standard:</b> The School District has developed gifted multidisciplinary evaluation reports and gifted IEPs as required under Chapter 16 and has provided parents with procedural safeguards.				
				<b>File Review (Completed by the School District team and BSE Team)</b> <b>Report of Results by Frequency Count of Responses</b>				
				<b>PERMISSION TO EVALUATE (PTE)-CONSENT FORM</b> <b>The following information is present:</b>				
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				
9	0	1	100%	11. Proposed types of assessments and procedures.				
10	0	0	100%	12. Contact person's name and contact information.				
10	0	0	100%	13. Parent signature and initials documenting receipt of Notice of Parental Rights for Gifted Students.				
				<b>GIFTED WRITTEN REPORT (GWR)</b> <b>The following information is present:</b>				
10	0	0	100%	14. GWR is present in the student file.				
10	0	0	100%	15. GWR was completed within timelines.				
10	0	0	100%	16. Demographic data				
3	7	0	30%	17. Date report was provided to parent.				
10	0	0	100%	18. Evaluations and information provided by the parents of the student (or documentation of the School District's attempts to obtain parent input).				
9	1	0	90%	19. Teacher input is reflected in the document.				
5	4	1	56%	20. Information and recommendations from the District psychologist are in the document.				
0	9	1	0%	21. Recommendations from the team for the student are present in the document.				

Y	N	NA	% #	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
				<b>INVITATION TO PARTICIPATE IN A GIFTED TEAM MEETING</b> <b>The following information is present:</b>				
10	0	0	100%	22. Current Invitation is present in the student file.				
8	2	0	80%	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.				
1	9	0	10%	26. Names of invited GIEP team members are included.				
10	0	0	100%	27. Date/time/location of meeting is included.				
10	0	0	100%	28. 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.				
				<b>GIFTED INDIVIDUALIZED EDUCATION PLAN (GIEP)</b> <b>Documentation of GIEP Team Participation</b>				
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).				
1	0	9	100%	31. Student (if parent(s) choose to have the student participate).				
1	9	0	10%	32. One or more of the student's current regular education teachers.				
10	0	0	100%	33. Teacher of Gifted				
8	0	2	100%	34. School District (authorized to commit the resources of the district).				
2	0	8	100%	35. Other individuals at the discretion of either the parent(s) or the School District.				
9	1	0	10%	36. Date of the GIEP Team Meeting				
7	3	0	70%	37. GIEP was completed within timelines.				
				<b>The following information is present:</b>				
9	1	0	90%	38. Demographic Data				

Y	N	NA	% #	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
7	3	0	70%	39. GIEP implementation date.				
4	6	0	40%	40. Anticipated duration of services				
				<b>Present Levels of Education Performance (PLEPS)</b>				
				<b>The following information is present:</b>				
8	1	1	89%	41. Information is current (within one year of the date of the GIEP).				
5	5	0	50%	42. Information regarding the student's academic strengths indicates current instructional levels using multiple data points and leads to a goal.				
0	10	0	0%	43. Progress on previous year's academic goals is reported and evidence is cited to support growth				
0	10	0	0%	44. Instructional needs of the student are based on educational strengths				
				<b>ANNUAL GOALS AND OBJECTIVES</b>				
				<b>The following information is present:</b>				
0	10	0	0%	45. Annual Goals are stated and aligned to standards.				
0	10	0	0%	46. Annual Goals are responsive to the strengths in the Present Levels.				
0	10	0	0%	47. Short Term learning outcomes lead to goal achievement.				
1	9	0	10%	48. Objective criteria and assessment procedures are described.				
1	9	0	10%	49. Timelines are established so parents can gauge progress on goals.				
0	10	0	0%	50. Specially designed instruction includes strategies that support enrichment, acceleration, or a combination of both.				
6	4	0	60%	51. Specially designed instruction has a defined start date, frequency, and the duration is indicated.				
5	5	0	50%	52. Location(s) and/or Provider(s) of the specially designed instruction is documented.				
1	9	0	10%	53. Specially designed instruction supports the attainment of the goal.				
				<b>SUPPORT SERVICES</b>				
10	0	0	100%	54. Support service includes collaboration among the gifted support and general education teacher(s)				

Y	N	NA	% #	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
0	0	10	100%	55. Reference to a 504 is included if a student also receives services under Chapter 15				
3	7	0	30%	56. Support services define the start date, frequency, and duration				
10	0	0	100%	57. Location(s) of the support service is documented				
6	4	0	60%	58. Provider(s) of the support service is documented				
				<b>NOTICE OF RECOMMENDED ASSIGNMENT (NORA)</b>				
10	0	0	100%	59. NORA is present in the student file.				
				<b>The following information is present:</b>				
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				
10	0	0	100%	63. A description of the other options the GIEP team considered and the reason why those options were rejected				
7	3	0	70%	64. Description of the evaluation procedure, assessment, record or report used as the basis for proposed action or action refused.				
10	0	0	100%	65. Signature of School District Superintendent.				
1	9	0	10%	66. Parent initials documenting receipt of Notice of Parental Rights for Gifted Students				
10	0	0	100%	67. NORA reflects the instructional planning indicated on the student's GIEP				
				<b>INTERVIEW FOR TEACHER OF GIFTED STUDENTS</b>	<b>The School District will consider interview responses in planning improvements for gifted education.</b>			
10	0	0	100%	68. Are you knowledgeable about Chapter 16 and your role in providing gifted education services?				
10	0	0	100%	69. Are you familiar with the content of this student's GIEP including annual goals, short term learning outcomes, specially designed instruction and support services?				
6	4	0	60%	70. Do you collaborate with general education teachers to plan and implement special designed instruction as defined in the student's GIEP?				

Y	N	NA	% #	Citation	Required Corrective Action or Improvement Plan	Timelines and Resources	Extension Date	Date Closed
4	6	0	40%	71. When planning the GIEP, are you providing enrichment and/or acceleration aligned to the PA Core Standards?				
0	10	0	0%	72. Was the placement for this student based upon the data collected on the individual student's strengths?				
10	0	0	100%	73. Are the services and supports agreed upon in the GIEP being implemented with fidelity?				
4	6	0	40%	74. Has the school district provided training on gifted education to adequately prepare you for teaching gifted children?				
				<b>INTERVIEW FOR REGULAR EDUCATION TEACHER(S)</b>	<b>The School District will consider interview responses in planning improvements for gifted education.</b>			
3	7	0	30%	75. Are you knowledgeable about Chapter 16 and your role in providing gifted education services?				
3	7	0	30%	76. Are you familiar with the content of this student's GIEP including annual goals, short term learning outcomes, specially designed instruction and support services?				
3	7	0	30%	77. Do you collaborate with the gifted education teacher to plan and implement special designed instruction as defined in the student's GIEP?				
0	10	0	0%	78. Did you participate in the GIEP planning process for this student?				
2	8	0	20%	79. Was the placement for this student based upon the data collected on the individual student's strengths?				
2	8	0	20%	80. Are the services and supports agreed upon in the GIEP being implemented with fidelity?				
2	8	0	20%	81. Has the school district provided training on gifted education to adequately prepare you for teaching gifted children?				
				<b>INTERVIEW FOR PARENT OF GIFTED STUDENT</b>	<b>The School District will consider interview responses in planning improvements for gifted education.</b>			
10	0	0	100%	82. Were you asked to provide information for your child's Gifted Multidisciplinary Evaluation or most recent Gifted Individualized Education Plan (GIEP)?				
10	0	0	100%	83. Was the Gifted Individualized Education Plan finalized with input from the team at the most recent GIEP review?				

