

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 (____) _____ Cell Phone (____) _____ Work Phone (____) _____
District of Residence _____ District of Service _____ School _____
Meeting Date _____ Does student have Written Acceleration Plan (WAP)? _____ 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 area(s) to be addressed by this goal: _____

Area of identification associated with this goal:

Superior Cognitive Ability
 Specific Academic Ability: _____
 Creative Thinking Ability
 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	_____ Education Options	_____ Dual Enrollment including PSEO	

Personnel Responsible for Service:

Gifted Intervention Specialist
 General Education Teacher
 Gifted Coordinator
 Other: _____

Written Education Plan (WEP)

Signature Page

Student Name _____ WEP effective date from _____ to _____ Date of next review: _____

WEP Team Meeting Participants

Check one of the following: This WEP team meeting was a: Face to face meeting Video conference Telephone Conference Mail Correspondence

_____ (Student signature)	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	_____ (Parent signature)	<input type="checkbox"/> Participated <input type="checkbox"/> Excused
_____ (Gifted Intervention Specialist signature)	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	_____ (Parent signature)	<input type="checkbox"/> Participated <input type="checkbox"/> Excused
_____ (Gifted Coordinator signature)	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	_____ (Principal/Administrator signature)	<input type="checkbox"/> Participated <input type="checkbox"/> Excused
_____ (General Education Teacher signature)	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	_____ (Other signature)	<input type="checkbox"/> Participated <input type="checkbox"/> Excused
_____ (General Education Teacher signature)	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	_____ (Other signature)	<input type="checkbox"/> Participated <input type="checkbox"/> Excused

Reporting Periods 1st Date _____ 2nd Date _____ 3rd Date _____ 4th Date _____

Initial WEP <input type="checkbox"/> I give consent to initiate gifted education and related services specified in this WEP. <input type="checkbox"/> I give consent to initiate gifted education and related services specified in this WEP except for _____. <input type="checkbox"/> 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 <input type="checkbox"/> I have received a copy of the Identification Procedures for the District <input type="checkbox"/> I have received a copy of the District Service Options <input type="checkbox"/> I have received a copy of this WEP Parent Signature _____ Date _____
--	--

