Gifted Individualized Education Plan Child's Name:



### **Gifted Individualized Education Plan (GIEP)**

School Ye	ar:			
GIEP Tear	n Meeting Date:			
Student ID	#:			
Implement	ation Date:			
Student Na	nme:			
DOB:		Age:		
Student En	nail:		Grade:	
Parent(s) N	Name:			
Address: _				
-				
-				
Phone:	(H)			
	(W)			
Email:	(H)			
	(W)			
School Dis	strict:			
County of	Residence:			
Other Info	rmation:			

#### **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 (typed or printed)	POSITION	SIGNATURE
	Parent	
	Parent	
	Student*	
	Teacher of Gifted	
	Teacher of	
	Teacher of	
	Teacher of	
	School District Representative (Chairperson)**	

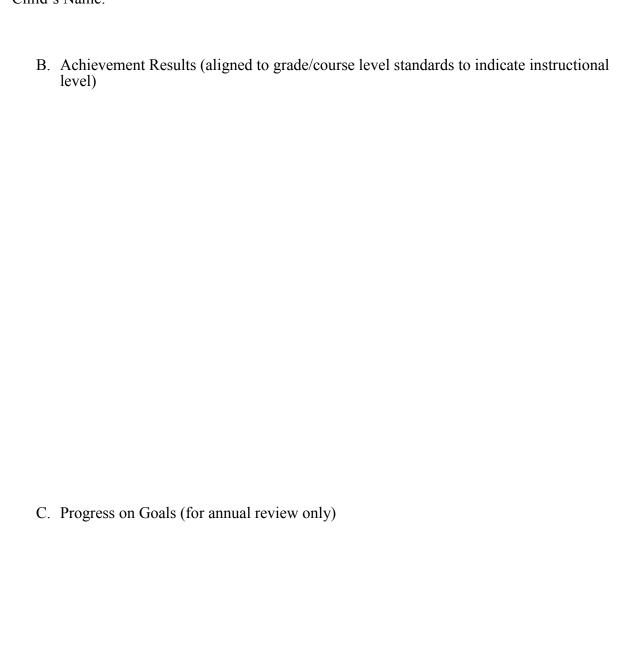
<sup>\*</sup> The student may participate if the parents choose to have the student participate.

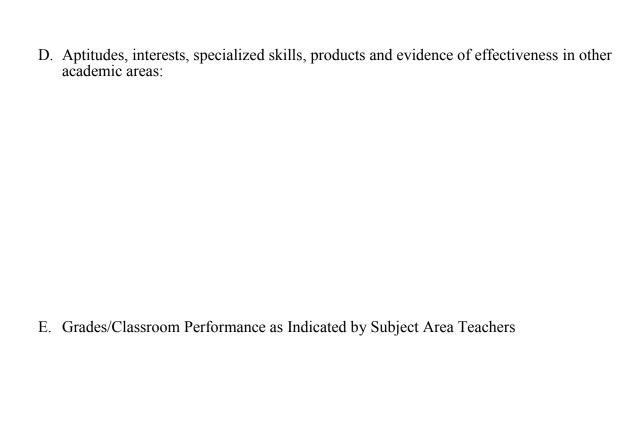
#### I. PRESENT LEVELS OF EDUCATIONAL PERFORMANCE (Current)

A. Academic/Cognitive Strengths

Revised April 2014

<sup>\*\*</sup> 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.





II.	Goals	and O	ntco	mes.
	TOMIS 2	anu v		HHES.

Annual Goal #1

Short-Term Learning Outcomes for Goal #1

Short Term Objective	<b>Objective Criteria</b>	<b>Assessment Procedures</b>	Timeline

Specially Designed Instruction for Annual Goal #1

SDI	Projected Date for Initiation	Anticipated Frequency	Location	Anticipated Duration

II.	Goals	and O	ntco	mes.
	TOMIS 2	anu v		HHES.

Annual Goal #2

Short-Term Learning Outcomes for Goal #2

Short Term Objective	Objective Criteria	<b>Assessment Procedures</b>	Timeline

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	<b>Assessment Procedures</b>	Timeline

Specially Designed Instruction for Annual Goal #3

SDI	Projected Date for Initiation	Anticipated Frequency	Location	Anticipated Duration

#### III. Support Services

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