

# WEP Written Education Plan

Student Name _____	Date of Birth _____	Grade _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student ID _____	Student Address _____		
Parent/Guardian _____	Parent Address _____		
Email _____	Home Phone _____	Work Phone _____	
District of Residence _____	District of Service _____		
Meeting Date _____	Does student have Written Acceleration Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Target graduation date _____	
Effective: _____ - _____			

<b>Area(s) and date(s) of Identification:</b>	<b>Specific Academic Ability:</b>	<b>Visual Performing Arts:</b>
<input type="checkbox"/> Superior Cognitive Ability _____	<input type="checkbox"/> Reading/Writing/Combination _____	<input type="checkbox"/> Drama _____
<input type="checkbox"/> Creative Thinking Ability _____	<input type="checkbox"/> Mathematics _____	<input type="checkbox"/> Dance _____
	<input type="checkbox"/> Science _____	<input type="checkbox"/> Music _____
	<input type="checkbox"/> Social Studies _____	<input type="checkbox"/> Visual Arts _____

**Student interests and learning styles:**

  
  
  
  
  
  
  
  
  
  

**Present levels of academic and social/emotional functioning:**

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Annual Goal: (one page for each goal)

Goal # \_\_\_ of \_\_\_

Content area(s) to be addressed by this goal: \_\_\_\_\_

Area of identification associated with this goal:

- Superior Cognitive Ability                       Creative Thinking Ability  
 Specific Academic 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                       Regular Education Class (GIS)                       Acceleration Placement                       Internship/Mentorship  
 Dual Enrollment including CCP                       Gifted Self-Contained Class                       Regular Education Class (GenEd Tchr)                       Advanced Placement  
 Educational Options                       Arts Classroom \_\_\_\_\_

Personnel Responsible for Service:

- Gifted Intervention Specialist                       General Education Teacher                       Arts Specialist                       Gifted Coordinator  
 Other \_\_\_\_\_

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Date of next review: \_\_\_\_\_

## WEP Team Meeting Participants (choose all that apply)

Check one of the following: This WEP team meeting was a  Face to face meeting  Video conference  Telephone conference call  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 Title _____ (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused
General Education Teacher _____ (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused	Other Title _____ (signature) _____	<input type="checkbox"/> Participated <input type="checkbox"/> Excused

**Reporting Periods :** 1st Date \_\_\_\_\_ 2nd Date \_\_\_\_\_ 3rd Date \_\_\_\_\_ 4th Date \_\_\_\_\_

<p><b>Initial WEP</b></p> <p><input type="checkbox"/> I give consent to initiate gifted education and related services specified in this WEP.</p> <p><input type="checkbox"/> I give consent to initiate gifted education and related services specified in this WEP except for _____</p> <p><input type="checkbox"/> I do not give consent for gifted education services at this time.</p> <p>Parent Signature _____ Date _____</p>	<p><b>Parent Notice of District Service Options/Copy of the WEP</b></p> <p><input type="checkbox"/> I have received a copy of the Identification Procedures for the District</p> <p><input type="checkbox"/> I have received a copy of the District Service Options</p> <p><input type="checkbox"/> I have received a copy of this WEP</p> <p>Parent Signature _____ Date _____</p>
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