



## Gifted Individualized Education Plan (GIEP)

School Year: \_\_\_\_\_

GIEP Team Meeting Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Implementation Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Student Email: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

Email: (H) \_\_\_\_\_

(W) \_\_\_\_\_

School District: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name:

**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.

<b>NAME</b> (typed or printed)	<b>POSITION</b>	<b>SIGNATURE</b>
	Parent	
	Parent	
	Student*	
	Teacher of Gifted	
	Teacher of _____	
	Teacher of _____	
	Teacher of _____	
	School District Representative (Chairperson)**	

\* The student may participate if the parents choose to have the student participate.

\*\* 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.

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

A. Academic/Cognitive Strengths

Child's Name:

B. Achievement Results (aligned to grade/course level standards to indicate instructional level)

C. Progress on Goals (for annual review only)

GIFTED INDIVIDUALIZED EDUCATION PLAN

Child's Name:

D. Aptitudes, interests, specialized skills, products and evidence of effectiveness in other academic areas:

E. Grades/Classroom Performance as Indicated by Subject Area Teachers

Child's Name:

**II. Goals and Outcomes:**

Annual Goal #1

Short-Term Learning Outcomes for Goal #1

Short Term Objective	Objective Criteria	Assessment Procedures	Timeline

Specially Designed Instruction for Annual Goal #1

SDI	Projected Date for Initiation	Anticipated Frequency	Location	Anticipated Duration

Child's Name:

**II. Goals and Outcomes:**

Annual Goal #2

Short-Term Learning Outcomes for Goal #2

Short Term Objective	Objective Criteria	Assessment Procedures	Timeline

Specially Designed Instruction for Annual Goal #2

SDI	Projected Date for Initiation	Anticipated Frequency	Location	Anticipated Duration

Child's Name:

**II. Goals and Outcomes:**

Annual Goal #3

Short-Term Learning Outcomes for Goal #3

Short Term Objective	Objective Criteria	Assessment Procedures	Timeline

Specially Designed Instruction for Annual Goal #3

SDI	Projected Date for Initiation	Anticipated Frequency	Location	Anticipated Duration

Child's Name:

III. Support Services

<b>Support Service Description</b>	<b>Projected Date for Initiation</b>	<b>Anticipated Frequency</b>	<b>Location</b>	<b>Anticipated Duration</b>	<b>Service Provider</b>