

Gifted Individualized Education Plan (GIEP)

School Year: _____

GIEP Team Meeting Date: _____

Student ID #: _____

Implementation Date: _____

Anticipated Duration of Gifted Education: _____

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.

NAME (typed or printed)	POSITION	SIGNATURE
	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**

GIFTED INDIVIDUALIZED EDUCATION PLAN

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

GIFTED INDIVIDUALIZED EDUCATION PLAN

Child's Name:

SDI	Projected Date for Initiation	Anticipated Frequency	Location	Anticipated Duration

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

GIFTED INDIVIDUALIZED EDUCATION PLAN

Child's Name:

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