



**DIVISION OF ADVANCED ACADEMIC PROGRAMS**  
**Individual Educational Plan (IEP) Insert for Gifted Students**  
 (To be completed by the Teacher of the Gifted)

Date of Conference _____
(MM/DD/YY)

**DEMOGRAPHIC INFORMATION**

Print Student's Name (Last)	(First)	(M.I.)	Student I.D. #
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**PRESENT LEVELS OF EDUCATIONAL PERFORMANCE (PLEP) and GIFTED PRIORITY EDUCATIONAL NEED (GPEN)**

The overall Present Level of Educational Performance and Gifted Priority Educational Need describes the student's current performance documented by:

**Formal Assessments**

No scores are available at this time.

Date	Instrument	Area Assessed	Level/Ability

**Informal Assessments**

- Parent Observation   
  Portfolio   
  Teacher Observation   
  Student-led Conference  
 Student Input   
  Previous EP   
  Report Card   
  Other: \_\_\_\_\_

**Parent/Guardian Statement**

What is the child's academic strength and need beyond the general curriculum?

**Teacher Statement**

What is the child's academic strength and need beyond the general curriculum?

**Gifted Priority Educational Need: Student's Strength**

- Mathematics   
  Science   
  Language Arts/English   
  Social Studies

**Curriculum Modifications and Services:**

Acceleration through:

- Curriculum Compacting  
 Flexible Grouping  
 Research and Independent Study  
 Content Acceleration  
 Other, Specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Enrichment through:

- Curriculum Differentiation  
 Problem-based Learning  
 Open-ended Tasks  
 Service Learning  
 Other, Specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Student's Name	ID#	Date
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**INDIVIDUAL AND PROGRAM GOALS/OBJECTIVES**

**Individual Goal and Objectives**

The student's goal is based on the student's GPEN and need for differentiation beyond the general curriculum. Refer to the *Sunshine State Standards and/or Competency-Based Curriculum*.

Student's Individual Goal:

Objective #1:

Objective #2:

<b>Evaluation Procedures:</b> <input type="checkbox"/> Graded Work Samples <input type="checkbox"/> Informal Assessment <input type="checkbox"/> Teacher-made Tests <input type="checkbox"/> Teacher Observation <input type="checkbox"/> Student Self-Assessment <input type="checkbox"/> Rubric <input type="checkbox"/> Performance Demonstration <input type="checkbox"/> Portfolio Evaluation <input type="checkbox"/> Standardized Test <input type="checkbox"/> Other: _____ _____ _____	<b>Evaluation Criteria:</b> <input type="checkbox"/> 90% - 100% Mastery <input type="checkbox"/> 80% - 89% Mastery <input type="checkbox"/> 3 out of 5 Occurrences <input type="checkbox"/> Other: _____ _____ <b>Evaluation Schedule:</b> <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Other: _____ _____	<b>Results*:</b> Place initial in the appropriate box.			
		Date	Mastered (develop or revise EP)	Sufficient Progress (EP may continue)	Insufficient Progress (Develop new EP)

**Program Goal and Objectives**

These goals/objectives apply to all students within the student's program or class. Refer to the *Gifted Program Goals and Objectives*.

Program Goal:

Objective #1:

Objective #2:

<b>Evaluation Procedures:</b> <input type="checkbox"/> Graded Work Samples <input type="checkbox"/> Informal Assessment <input type="checkbox"/> Teacher-made Tests <input type="checkbox"/> Teacher Observation <input type="checkbox"/> Student Self-Assessment <input type="checkbox"/> Rubric <input type="checkbox"/> Performance Demonstration <input type="checkbox"/> Portfolio Evaluation <input type="checkbox"/> Standardized Test <input type="checkbox"/> Other: _____ _____ _____	<b>Evaluation Criteria:</b> <input type="checkbox"/> 90% - 100% Mastery <input type="checkbox"/> 80% - 89% Mastery <input type="checkbox"/> 3 out of 5 Occurrences <input type="checkbox"/> Other: _____ _____ <b>Evaluation Schedule:</b> <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Other: _____ _____	<b>Results*:</b> Place initial in the appropriate box.			
		Date	Mastered (develop or revise EP)	Sufficient Progress (EP may continue)	Insufficient Progress (Develop new EP)

**EDUCATIONAL SERVICES**

<b>Program Model(s):</b> <input type="checkbox"/> Content <input type="checkbox"/> Resource <input type="checkbox"/> Full-time <input type="checkbox"/> Consultation (Senior high school only)	<b>Type of Program:</b> <input type="checkbox"/> Home-based <input type="checkbox"/> Center	<b>Number of Gifted Contact Hours (per week):</b>  <p style="text-align: center;"><i>Maximum of 25 hours</i></p>
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\*Send copy to parent/guardian when results are recorded.