



DIVISION OF ADVANCED ACADEMIC PROGRAMS GIFTED STUDENT EDUCATIONAL PLAN (EP)



I. DEMOGRAPHIC INFORMATION			Date of Conference _____ (MM/DD/YY)	
Print Student's Name: (Last) _____ (First) _____ (M.I.) _____		Date of Birth	Student I.D. #	
Address			Phone	
Home School Name/Region Center			Grade Level	

II. CONFERENCE INFORMATION			
Conference Type	<input type="checkbox"/> Initial EP (<i>Copy of evaluation report was issued to parent</i>)	<input type="checkbox"/> Modification of Placement Status	
	<input type="checkbox"/> EP Review	<input type="checkbox"/> Revision (Interim)	
Parent Notification	Type	Date (MM/DD/YY)	Response
	* (1) Written (Attach to EP)		
	* (2) _____		
	(3) _____		

*Required

Summary of Procedural Safeguards	
<input type="checkbox"/> A copy of the <i>Procedural Safeguards For Exceptional Students who are Gifted</i> has been provided to Parent/Guardian _____ <small style="margin-left: 100px;">Parent Initial or Date Sent</small>	
Primary language (includes Sign Language or other mode of communication) of parent(s)/guardian(s) _____ <small style="text-align: right;">Language</small>	
Interpreter provided: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ _____	

III. SIGNATURES AND POSITIONS OF PERSONS ATTENDING CONFERENCE	
Signature and Title	Signature and Title
Parent/Guardian	Student
Parent/Guardian	Interpreter
LEA Representative	
Teacher of the Gifted	
Evaluation Specialist	
General Ed. Teacher	
Administrator	

Signatures required for Initial Educational Plan: Parent, LEA Representative, Teacher of the Gifted, Evaluation Specialist, General Ed. Teacher.
 Signatures required for EP Review or Revision: Parent (in attendance or on *Notification of Meeting*, FM-4851), LEA Representative, Teacher of the Gifted, General Ed. Teacher (in attendance or on *General Education Teacher Statement*, FM-6865).

Print Student's Name	ID#	Date
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IV. LIMITED ENGLISH PROFICIENT (LEP) STUDENTS

Home Language of Student: _____

Is student an ESOL student? Yes No If yes, enter ESOL Level ____* If Level V, enter Exit Date _____

*Complete *Gifted LEP Students Modification Form* for ESOL students Levels I-IV or Level V if exit date is within the two-year monitoring period.

V. 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:

<p>Acceleration through:</p> <input type="checkbox"/> Curriculum Compacting <input type="checkbox"/> Flexible Grouping <input type="checkbox"/> Research and Independent Study <input type="checkbox"/> Content Acceleration <input type="checkbox"/> Other, Specify: _____ _____	<p>Enrichment through:</p> <input type="checkbox"/> Curriculum Differentiation <input type="checkbox"/> Problem-based Learning <input type="checkbox"/> Open-ended Tasks <input type="checkbox"/> Service Learning <input type="checkbox"/> Other, Specify: _____ _____
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Print Student's Name	ID#	Date
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VI. 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 <i>Sunshine State Standards</i> and/or <i>Competency-Based Curriculum</i> .					
Student's Individual Goal:					
Objective #1:					
Objective #2:					
Evaluation Procedures: <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: _____ _____ _____	Evaluation Criteria: <input type="checkbox"/> 90% - 100% Mastery <input type="checkbox"/> 80% - 89% Mastery <input type="checkbox"/> 3 out of 5 Occurrences <input type="checkbox"/> Other: _____ _____ _____	Results*: Place initial in the appropriate box.			
		Date	Mastered (develop or revise EP)	Sufficient Progress (EP may continue)	Insufficient Progress (Develop new EP)
	Evaluation Schedule: <i>(must be done at least once a year)</i> <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Other: _____ _____ _____				

Program Goal and Objectives					
These goals/objectives apply to all students within the student's program or class. Refer to the <i>Gifted Program Goals and Objectives</i> .					
Program Goal:					
Objective #1:					
Objective #2:					
Evaluation Procedures: <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: _____ _____ _____	Evaluation Criteria: <input type="checkbox"/> 90% - 100% Mastery <input type="checkbox"/> 80% - 89% Mastery <input type="checkbox"/> 3 out of 5 Occurrences <input type="checkbox"/> Other: _____ _____ _____	Results*: Place initial in the appropriate box.			
		Date	Mastered (develop or revise EP)	Sufficient Progress (EP may continue)	Insufficient Progress (Develop new EP)
	Evaluation Schedule: <i>(must be done at least once a year)</i> <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Other: _____ _____ _____				

*Send copy to parent/guardian when results are recorded.

