

Student's Name:

# Gifted Individualized Education Plan (GIEP)

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School Year:

GIEP Team Meeting Date:

Student ID #:

Implementation Date:

Anticipated Duration of Gifted Education:

## Student Information

Student Name:

Date of Birth:

Age:

Student Email:

Grade:

## Parent/Guardian Information

Parent(s) Name:

Address:

Home Phone:

Work Phone:

Home Email:

Work Email:

## School Information

School District:

County of Residence:

Other Information:

Student'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	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.

Student's Name:

**I. Present Levels of Educational Performance (Current)**

A. Academic/Cognitive Strengths

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

C. Progress on Goals (for annual review only)

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

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

Student's Name:

## II. Goals and Outcomes

### Annual Goal #1:

Short-Term Learning Outcomes for Goal #1

<b>Short Term Objective</b>	<b>Objective Criteria</b>	<b>Assessment Procedures</b>	<b>Timeline</b>

Specially Designed Instruction for Annual Goal #1

<b>SDI</b>	<b>Projected Date for Initiation</b>	<b>Anticipated Frequency</b>	<b>Location</b>	<b>Anticipated Duration</b>

Student's Name:

**Annual Goal #2:**

Short-Term Learning Outcomes for Goal #2

<b>Short Term Objective</b>	<b>Objective Criteria</b>	<b>Assessment Procedures</b>	<b>Timeline</b>

Specially Designed Instruction for Annual Goal #2

<b>SDI</b>	<b>Projected Date for Initiation</b>	<b>Anticipated Frequency</b>	<b>Location</b>	<b>Anticipated Duration</b>

Student's Name:

**Annual Goal #3**

Short-Term Learning Outcomes for Goal #3

<b>Short Term Objective</b>	<b>Objective Criteria</b>	<b>Assessment Procedures</b>	<b>Timeline</b>

Specially Designed Instruction for Annual Goal #3

<b>SDI</b>	<b>Projected Date for Initiation</b>	<b>Anticipated Frequency</b>	<b>Location</b>	<b>Anticipated Duration</b>

Student'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>

学生姓名:

# 资优个体化教育计划 (GIEP)

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学年:

GIEP 团队会议日期:

学生证号码:

实施日期:

资优教育的预期持续时间:

## 学生信息

学生姓名:

出生日期:

年龄:

学生电子邮件:

年级:

## 家长/监护人信息

家长姓名:

地址:

家庭电话:

工作电话:

家庭电子邮件:

工作电子邮件:

## 学校信息

学区:

所居住郡:

其他信息:

2021 年 2 月



学生姓名:

## GIEP 团队参与者

资优个人化教育计划（GIEP）团队负责决定学生的课程和安置情况。GIEP 团队的必选成员包括：学生的家长、学生（如适用的话）、学生的一名或多名现任教师、学区代表、家长或学区可自行决定的其他个人以及资优教师。

名字	所担任角色	签名
	家长	
	家长	
	学生*	
	资优教师	
	教师	
	教师	
	教师	
	学区代表（主席）**	

\*如果家长选择让学生参加，学生可以参加。

\*\* 学区代表是了解该学区资源可用性的人，并由学区授权承诺这些资源。

学生姓名:

## I. 教育表现的现状（当前）

A. 学术/认知优势

B. 成绩成绩（与年级/课程水平标准保持一致，以表明教学水平）

C. 在实现目标方面取得的进展（仅供年度审查）

D. 在其他学术领域的才能、兴趣、专业技能、产品和有效性的证据：

E. 学科领域教师所显示的成绩/课堂表现

学生姓名:

## II. 目标和成果

年度目标#1:

目标#1 的短期学习成果

短期目标	客观标准	评估流程	时间线

针对年度目标 #1 特别设计的指导

SDI	预计启动日期	预期频率	地点	预计持续时间

学生姓名:

## 年度目标#2:

目标#2 的短期学习成果

短期目标	客观标准	评估流程	时间线

为年度目标#2 专门设计的指导

SDI	预计启动日期	预期频率	位置	预计持续时间

学生姓名:

### 年度目标 #3

目标#3 的短期学习成果

短期目标	客观标准	评估程序	时间线

针对年度目标 #3 的特别教学说明 (SDI)

SDI	预计启动日期	预期频率	位置	预计持续时间

学生姓名:

### III. 支持服务

支持服务描述	预计启动日期	预期频率	位置	预计持续时间	服务供应商