**Written Education Plan (WEP) for Services Provided by Massillon City School District**

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| Student Name $NAME$  School: Washington High School  Grade Level: $GRADE$  Target graduation date: $TARGET$  WEP effective dates from: $START$ to $END$  Date of next review: $REVIEW$  ­­­­­­­­­­­­ |

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| **Area (s) and date(s) of Identification: $ACADEMIC$** |
| |  |  | | --- | --- | | **Service Setting NOT provided by GIS**  205040 Guidance Services  205047 Regular Classroom Services  205050 Regular Classroom w/ grade acceleration  205052 Regular Classroom w/ subject acceleration  205055 Regular Classroom w/ early entrance to K  205062 Regular Classroom w/ cluster grouping  205065 Advanced Placement (AP) course  205070 Post Secondary Enrollment Option  **205075 Honors Classes**  205080 Educational Options  205085 Other Service | **Service Setting provided by GIS**  206040 Guidance Services w/ GIS directly involved  206045 Regular Classroom w/ GIS directly involved  206050 Grade Acceleration w/ GIS directly involved  206052 Subject Acceleration w/ GIS directly involved  206055 Early Entrance to K w/ GIS directly involved  206060 Cluster grouping w/ GIS directly involved  206065 AP course w/ GIS directly involved  206070 Resource/Pull-out led by GIS  206075 Honors Class w/ GIS directly involved  206080 Educational Option w/ GIS directly involved  206085 Other Service directly involving GIS |   **Staff Responsible for Service:**  Gifted Intervention Specialist  General Education Teacher  Arts Specialist  Gifted Coordinator  Other: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **This WEP team meeting was:**  Face to face meeting  Telephone Conference/ Conference Call Sent home with Student  Mail Correspondence |
| I give consent to initiate gifted education and related services **WEP Participants Signatures**  specified in this WEP.  Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participated Excused  I give consent to initiate gifted education and related services  Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participated Excused  specified in this WEP except for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I do not give consent for gifted education services at this time Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participated Excused  Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Student/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participated Excused |

Written Education Plan

Annual Goal Page

**Student Name: $NAME$**

**Area of identification associated with this goal: $ACADEMIC$**

**Annual Goal: The student will make measurable academic gains in:**

**Science**

**Honors Physical Science: curriculum will address an accelerated pace and breadth of content on topics such as: forces and motion, energy, electricity and magnetism, matter, chemical bonding and reactions.**

**What specific program components or curricular interventions will assist in accomplishing this goal?**

**Advanced Study**

**Bloom's Taxonomy**

**Use of technology**

**Student Progress Measures (How will student prove mastery of this goal?)**

*The student will achieve a minimum of 80% mastery of knowledge and skills presented in th*e *curriculum* *which will demonstrate the student’s readiness for the next curriculum level based on district designated assessments of learning.*

**Product options selected by the student to demonstrate mastery may include:**

Alternative forms of assessments and/or projects: concept maps, performance based assessments, journals, portfolios, projects, etc.

**Service Setting:** Honors Classroom

**Person Responsible for Service:**  General Education Teacher

**State policy for waiver of assignments and scheduling of tests:**

*The student will not be required to complete work missed in the regular classroom for content area in which he/she is receiving gifted services. Tests will not be scheduled on days during which gifted pull-out services are scheduled.*

**Method and schedule for reporting progress to parents/guardians:** a comment will be recorded quarterly on progress reports.