

Broward County Public Schools
Exceptional Student Education
Gifted Program

Draft: _____
Final: _____

Educational Plan (EP)

The EP is to be used with students whose only exceptionality is gifted. If a student has two exceptionalities, the IEP must be used.
EP Development Date: _____ Next EP Review: _____

Parent(s)/Guardian(s)/Surrogate(s) of: _____ Date: _____
Student Last Name Student First Name
Case #: _____ Student #: _____ Student Birth Date: _____
School: _____ Grade: _____

Duration ☐ 1 - YEAR EP ☐ 2 - YEAR EP

Check the domains addressed in this Educational Plan (see attached goals and objectives)

- ☐ Curriculum and Learning Environment
- ☐ Independent Functioning
- ☐ Social/Emotional Behavior
- Note: If a domain is NOT checked, the student does not demonstrate a need for services beyond those normally provided for all students.

Elementary School Model/Setting	Middle School Model/Setting	High School Model/Setting
<input type="checkbox"/> Gifted Only Full-time Self-contained (all students in the class are gifted)	<input type="checkbox"/> Gifted Only in core content areas (all students in the class are gifted)	<input type="checkbox"/> Gifted Only in core content areas (all students in the class are gifted)
<input type="checkbox"/> Gifted/High Achievers Full-time Self-contained (students in the class are gifted or high achieving)	<input type="checkbox"/> Gifted/High Achievers in core content areas (students in the class are gifted or high achieving)	<input type="checkbox"/> Gifted/High Achievers in core content areas (students in the class are gifted or high achieving)
<input type="checkbox"/> Gifted Only Half Day Resource (all students in the class are gifted)	<div><input type="checkbox"/> For any grade level, check here if the student will be temporarily placed in a model/setting that is different from one of the district approved-models listed. Please explain in the space below: _____ _____ _____</div>	<input type="checkbox"/> Other (Honors, Advanced Placement, Dual Enrollment, International Baccalaureate, and magnet programs often serve the needs of gifted students. However, gifted services must be available to high school students whether or not gifted content area classes are offered. Services may take the form of gifted electives, gifted seminars, and consultation with a gifted-endorsed teacher.
<input type="checkbox"/> Primary Alternative #1 (gifted students are served in the general education classroom with a gifted-endorsed teacher in grades K-3 only)		
<input type="checkbox"/> Primary Alternative #2 (gifted students are served in the general education classroom via consult with a gifted-endorsed teacher in grades K-3 only)		

Delivery of Service (check all types of differentiated instruction that apply)

- ☐ Curriculum Compacting
- ☐ Enrichment
- ☐ Acceleration
- ☐ Other

Date Services Initiated _____
Location of Services _____
Duration of Services _____
Frequency of Services _____

Comments/Special Needs:

Complete all appropriate information below for Gifted/LEP students

Home Language _____

Interpreter (name) _____

Initial Language Classification _____ Date: _____

Current Language Classification _____ Date: _____

ESOL Program Placement:
☐ Entry ☐ Continued
☐ Exit ☐ Reentry

Language Arts Instructor:
☐ General Ed Teacher ☐ ESOL Teacher
☐ ESE Teacher ☐ Other _____

ESOL strategies must be used and documented in all subjects including Language Arts/English

TITLE/SIGNATURE	TITLE/SIGNATURE
Parent/Guardian/Surrogate _____	Other _____
Student _____	Other _____
LEA Representative _____	Other _____
General Education Teacher _____	Other _____
Teacher of the Gifted/Provider _____	Other _____
Evaluation Specialist* _____	Other _____
(*initial staffing only)	

- ☐ Parent was present at the meeting and indicated no disagreement with the decision of the committee.
- ☐ Parent was not present at the meeting; EP sent home for parent review.

Distribution: () ESE Folder () Parent/Guardian/Surrogate () ESE Teacher () General Education Teacher () Other

Broward County Public Schools
Exceptional Student Education
Gifted Program

Educational Plan (EP)

(Use additional goal pages as needed)

Student Name: _____ EP Development Date: _____

Date of Interim/Review Within EP Duration: _____

Present Level of Educational Performance for Domain (choose one): ☐ Curriculum and Learning Environment
☐ Independent Functioning ☐ Social/Emotional Behavior

The Present Level of Educational Performance is a narrative that describes the student's current performance in the domain checked above based on the following data: ☐ Parent Observation ☐ Teacher Observation ☐ Portfolio
☐ Formal Assessments (Standardized Normed Tests, e.g., ACT/SAT/ FCAT, SAT-10, etc.) ☐ Informal Assessments
☐ Previous EP/IEP Student Input ☐ Student-Led Conference(s) ☐ Report Card ☐ Other: _____

Include the student's strengths, interests and needs beyond the general curriculum in the statement of present level of performance below: _____

Priority Educational Needs in this Domain:

Goal # ____ :

The student's progress towards this goal will be measured and reported to parents as described in the *Communication to Parents* column below.

Goal Evaluation Procedures	Goal Evaluation Criteria	Goal Results	Communication to Parents
<input type="checkbox"/> Graded Work Sample <input type="checkbox"/> Short Answer-Oral/Written <input type="checkbox"/> Informal Assessment <input type="checkbox"/> Standardized Test <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"/> Other: _____	<div><input type="checkbox"/> 81% - 90% Mastery <input type="checkbox"/> 91% - 100% Mastery <input type="checkbox"/> Other: _____</div> <div>Evaluation Schedule</div> <div>_____</div> <div>Evaluation Schedule Date</div>	<div><input type="checkbox"/> Mastered <input type="checkbox"/> Revise and Continue <input type="checkbox"/> Discontinue <input type="checkbox"/> Other: _____</div> <div>_____</div> <div>Review Date</div> <div>_____</div> <div>Initials</div>	Communication to parents regarding progress towards this goal will occur the following method(s): <input type="checkbox"/> Phone Conference <input type="checkbox"/> Parent-Teacher Conferences as Required by Teacher Contract <input type="checkbox"/> Note sent home with student <input type="checkbox"/> Other: _____

Short Term Instructional Objective #1 (Minimum of two objectives required.):

Short Term Instructional Objective #2 (Minimum of two objectives required.):

Short Term Instructional Objective #3 (Minimum of two objectives required.):

Check All that Apply: Must be EP Meeting Participant

Title of Implementer(s): ☐ Teacher of the Gifted ☐ General Education Teacher

Title of person responsible for documenting mastery: ☐ Teacher of the Gifted ☐ General Education Teacher ☐ Other: _____

Title of person responsible for distributing copies of instructional objectives to all persons involved in implementing the EP:

☐ LEA Representative ☐ Teacher of the Gifted ☐ General Education Teacher ☐ Other: _____