

**WEP** Written Education Plan

Washington Local Schools

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**Written Education Plan (WEP)**

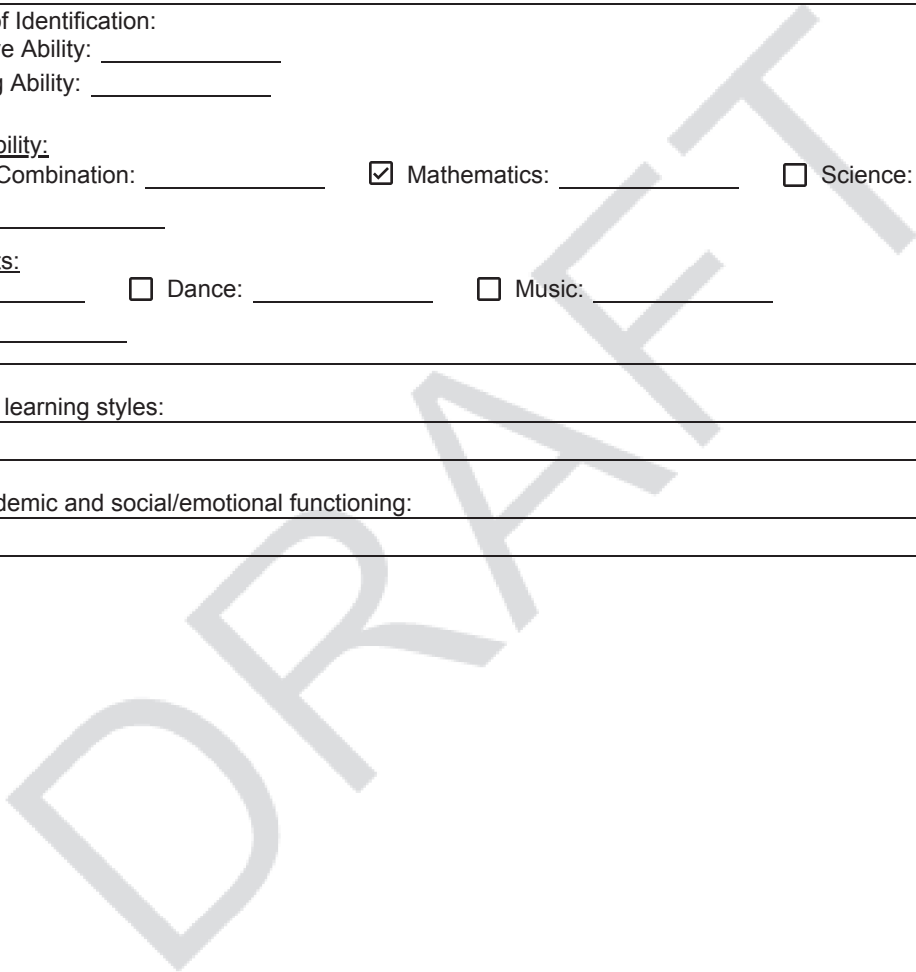
Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_  Male  Female  
Student Id Number: \_\_\_\_\_ Student Address: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Parent Address: \_\_\_\_\_ Toledo \_\_\_\_\_ OH \_\_\_\_\_ 43611 \_\_\_\_\_  
Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

District of Residence: Washington Local District of Service: \_\_\_\_\_  
Meeting Date: \_\_\_\_\_ Does student have Written Acceleration Plan? No  
Target graduation date: \_\_\_\_\_

Area(s) and date(s) of Identification:  
 Superior Cognitive Ability: \_\_\_\_\_  
 Creative Thinking Ability: \_\_\_\_\_  
Specific Academic Ability:  
 Reading/Writing/Combination: \_\_\_\_\_  Mathematics: \_\_\_\_\_  Science: \_\_\_\_\_  
 Social Studies: \_\_\_\_\_  
Visual Performing Arts:  
 Drama: \_\_\_\_\_  Dance: \_\_\_\_\_  Music: \_\_\_\_\_  
 Visual Arts: \_\_\_\_\_

Student interests and learning styles:  
\_\_\_\_\_

Present levels of academic and social/emotional functioning:  
\_\_\_\_\_



CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Written Education Plan (WEP)
Annual Goal Page

Annual Goal:

Goal #: 1 of 1

[Empty box for Annual Goal]

Content area(s) to be addressed by this goal:

[Empty box for Content area(s)]

Area of identification associated with this goal:

- Superior Cognitive Ability
Specific Academic Ability:
Creative Thinking Ability
Visual Performing Arts:

What specific program components or curricular interventions will assist in accomplishing this goal? Consider the differentiation concepts of acceleration, complexity, depth, challenge, abstractness, and/or cognitive creativity.

[Empty box for program components]

State the policy for waiver of assignments and scheduling of tests.

[Empty box for waiver policy]

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

[Empty box for Student Progress Measures]

Service Setting for this goal/objective:

- Gifted Resource Room
Gifted Self-Contained Class
Regular Education Class (GIS)
Regular Education Class (Gen. Ed. Teacher)
Acceleration Placement
Arts Classroom (specify):
Internship/Mentorship
Advanced Placement
Educational Options
Dual Enrollment including PSEO

Personnel Responsible for Service:

- Gifted Intervention Specialist
General Education Teacher
Arts Specialist
Gifted Coordinator
Other:

