

Philipsburg-Osceola Area Gifted Student Monitoring

Please return this form to Gregory Minarchick, Gifted Support Teacher, electronically or by hardcopy at the Senior High School.

Teacher completing this form _____ Date _____

Gifted Student _____ Grade _____ Class _____

A. GIEP ANNUAL GOALS

Is the student currently meeting the Annual Goals stated in his/her GIEP?

Goal 1:	YES	NO	N/A
Goal 2:	YES	NO	N/A
Goal 3:	YES	NO	N/A
Goal 4:	YES	NO	N/A

If "NO" indicated in section A, please complete the following:

Is the goal clear and understandable to the student? YES NO

Would achieving this goal reflect appropriate growth for this student? YES NO

List any factors preventing the student from achieving the goal. _____

B. SHORT-TERM LEARNING OUTCOMES

Is the student currently making progress achieving STLOs for identified under each Annual Goal?

Goal 1:	YES	NO	N/A
Goal 2:	YES	NO	N/A
Goal 3:	YES	NO	N/A
Goal 4:	YES	NO	N/A

If "NO" indicated in section B, what must be done to achieve STLO?

Goal 1: _____

Goal 2: _____

Goal 3: _____

Goal 4: _____

C. SPECIALLY DESIGNED INSTRUCTION

Is Specially Designed Instruction being implemented in your classroom? YES NO

Other suggestions for SDI. _____

D. SUPPORT SERVICES

Additional support services required? _____
