

DIFFERENTIATED EDUCATION PLAN (DEP) – CAMPBELLSPORT SCHOOL DISTRICT

Student:		DOB:
School:	Grade:	Year:
Parent/ Guardian:		Email:
Address:	Tel.	
DEP Team Listed:	Ability/ Level:	

Current Level of Educational Performance:

Test	Grade Level Median Score	Refer if Score is Above:	Latest Test Score
NWEA MAP- Reading			
NWEA MAP- Mathematics			
Benchmark			

*** was evaluated (month/ year). The following are * current assessment results:**

Based on the results of assessments, * has been identified in one area of Giftedness:

Level	Area of Ability	Programming Options
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DEP Goal:

Objectives:

Specially Designed Instruction (SDI) to be provided to the student:

SDI	Projected Date for Initiation	Anticipated Frequency	Location	Anticipation Duration

DIFFERENTIATED EDUCATION PLAN (DEP)

<u>Student:</u>	<u>Date:</u>
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Materials/Resources:

Person(s) Responsible:

Measurable Progress Reports Quarterly:

<u>Date of DEP Approval</u> _____	<u>Month/Year for next Annual Review:</u>
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