

Gifted Education

Monitoring and Compliance Action Plan-Completion Form

Administrative Unit Name	Date	<i>Submitted by:</i>	
Administrative Unit Address		<i>Phone:</i>	
City	State	Zip Code	<i>Email:</i>

ECEA Rules- Areas of Partial/Non-Compliance: Elements Reviewed (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Procedures for Parent, Family, and Student Engagement | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Definition of "Gifted Student" | <input type="checkbox"/> Evaluation and Accountability Procedures |
| <input type="checkbox"/> Identification Procedures | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Criteria for Determining Exceptional Ability (Giftedness) or Talent Pool | <input type="checkbox"/> Budget |
| <input type="checkbox"/> Identification Portability | <input type="checkbox"/> Early Access |
| <input type="checkbox"/> Advanced Learning Plan Content | <input type="checkbox"/> Record Keeping |
| <input type="checkbox"/> ALP Procedures and Responsibilities | |

Indicator	Summary of Findings by GEM	Supporting Evidence Needed to Meet the Conditions of the ECEA Rule by AU
Indicator	Summary of Findings by GEM	Supporting Evidence Needed to Meet the Conditions of the ECEA Rule by AU



Please submit using DMS and notify your GEM Lead: Skoog_m@cde.state.co.us or Loiselle_t@cde.state.co.us