

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
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