

EDUCATIONAL OPTION FORMAT

TO: Superintendent or Designee

FROM: Building Principal
Teacher/Coordinator of Gifted Programs

DATE: _____

RE: Educational Option - Student Name

BACKGROUND

Brief description of child, situation, observations, anecdotal record, student interest, parent and student attitudes -- general relevant comments. Recent course grades should be included.

TESTING

Standardized test results

Closing comment "A complete psychological report is in the student services files." (when appropriate)

PROFESSIONAL EVALUATION TEAM

Meeting time and place

Names, title (school if appropriate)

RECOMMENDATION -

EDUCATIONAL OPTION

Duration (beginning/ending dates)

I. Instructional Objectives

Student will

- A.
- B.
- etc.

II. Instructional Activities

Student will

- A.
- B.
- etc.

- III. Criteria for Pupil Performance
Student will
 - A.
 - B.
 - etc.

- IV. Follow Up
 - A.
 - B.
 - etc.

I approve this Educational Option Plan developed on (date) _____
in accordance with the Elementary and Secondary Schools Minimum Standards 3301-35-02 (C) (1)(a-d).

Superintendent or Designee
Findlay City Schools

Date

I wish to take part in this Educational Option and recognize my responsibilities in making this a success.

Student

Date

Adopted 1/27/97
Adopted 4/14/08
Revised 2/23/2012
Reviewed 7/12/2012