

**SOUTHEASTERN BOCES  
GIFTED AND TALENTED  
ADVANCE LEARNING PLAN  
3<sup>rd</sup>-8<sup>th</sup>**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_ **School Year:** \_\_\_\_\_  
**Teacher(s):** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date plan was initiated:** \_\_\_\_\_

**Academic Strengths:**

- Accelerated Learning
- Advanced Vocabulary
- Advanced Language
- Analytical Thinking
- Critical Thinking
- Abstract Thinking
- Creative Thinking
- Music
- Performing Arts
- Visual Arts
- Psychomotor
- Academic Area(s) \_\_\_\_\_

**Academic Areas of Concern:**

- Class Participation
- Communication Skills
- Group process Skills
- Independence
- Motivation
- Self-Esteem
- Organization
- Performance Level
- Self-Discipline
- Task Commitment
- Work Quality
- Appropriate Behavior
- Academic Area(s) \_\_\_\_\_

### 3<sup>rd</sup> – 8<sup>th</sup> continued

**Learning Goals/Needs:**

- Acceleration
- Contracts
- Pull-Out Classes
- Work with a Mentor
- Independent Study
- Use a planner
- Interest Centers/Groups
- Adjustable Assignments
- Twice Exceptional
- In-Class Grouping
- Score High Prof/Advanced CSAP
- Score High Prof/Advanced NWEA

**Affective Needs/Goals:**

- Advocate for self
- Improve communication skills
- Take more responsibility for \_\_\_\_\_
- Manage stress
- Demonstrate leadership role
- Improve cooperation skills
- Engage and maintain appropriate social activities  
school/community

**Extended Learning Experiences/Interests/Resources:**

- Competitions
- Performances
- Projects
- Enrichment classes
- Leadership Role(s)
- Arts/Music/Performing/Visual
- Athletics
- School organizations/clubs
- Community involvement

**3<sup>rd</sup> – 8<sup>th</sup> continued.**

<b>Goals:</b>
<b>Comments:</b>

I give my permission for my child to receive the aforementioned service(s) and agree to support the implementation of this plan.

\_\_\_\_\_  
Parent's Signature(s)

\_\_\_\_\_  
Print name(s)

I agree to supervise and support the implementation of this plan.

\_\_\_\_\_  
Teacher's/SIT Team Signature(s)

\_\_\_\_\_  
GT Resource Teacher's Signature

\_\_\_\_\_  
Print name(s)

\_\_\_\_\_  
Print name

I agree to support this plan.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Print name

I agree to support the implantation of this plan.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Print name

