

**SOUTHEASTERN BOCES
ADMINISTRATIVE UNIT
GIFTED AND TALENTED
ADVANCE LEARNING PLAN
K-2nd**

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) _____

K-2 continued

Learning Goals/Needs:

- Acceleration
- Pull-Out Classes
- Work with a Mentor
- Independent Study
- Interest Centers/Groups
- Adjustable Assignments
- Twice Exceptional
- In-Class Grouping

Affective Needs/Goals:

- Advocate for self
- Improve communication skills
- Improve cooperation skills
- Take more responsibility for _____
- Manage stress
- Demonstrate leadership role

Extended Learning Experiences/Interests/Resources:

- Competitions
- Performances
- Projects
- Enrichment classes
- Leadership Role(s)
- Arts/Music/Performing/Visual
- Athletics

Goals:

Comments:

K-2 continued.

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