

**Cañon City Schools District Re-1**  
**Cañon City High School**  
**Gifted and Talented**  
**Advanced Learning Plan**

**Student Name:**

**Date of Birth:**

**Facilitator:**

**Grade Level (Please check one) Year:**

\_\_\_\_\_

- ☐ Freshmen
- ☐ Sophomore
- ☐ Junior

**Academic Strengths: (Please check appropriate box/boxes)**

- ☐ Accelerated Learning
- ☐ Advanced Vocabulary
- ☐ Advanced Language
- ☐ Analytical Thinking
- ☐ Critical Thinking
- ☐ Abstract Thinking
- ☐ Creative Thinking
- ☐ Other (Please be specific)

**Academic Areas of Concerns: (Please check appropriate box/boxes)**

- ☐ Class Participation
- ☐ Communication Skills
- ☐ Group Process Skills
- ☐ Independence
- ☐ Motivation
- ☐ Self Esteem
- ☐ Organization

**Acceleration:**

- ☐ Subject acceleration:
- ☐ AP before 11<sup>th</sup> grade.
- ☐ Enrolled in college class.
- ☐ Post-secondary option.

**Career Goals:**

**Extended Learning Experiences / Interests / Resources**

Competition / Projects:

Honors / Advanced Placement Classes:

**Affective programming**

- ☐ Guidance/counseling participation
- ☐ Advanced college planning.
- ☐ Career planning.

**Student Signature** \_\_\_\_\_ **Date**

I give my permission for my child to receive the above-mentioned service and agree to support the implementation of this plan.

\_\_\_\_\_  
**Parent's Signature** **Date**

A agree to supervise and support the implementation plan.

\_\_\_\_\_  
**GATE Facilitator's Signature** **Date**