

THOMPSON SCHOOL DISTRICT ADVANCED LEARNING PLAN		Plan Date	Review Date
Name	Gender	Perm Num	Date of Birth
School		Grade	Date Identified GT
Twice Exceptional <input type="checkbox"/>	ELL <input type="checkbox"/>	504 Plan <input type="checkbox"/>	CSAP Accommodations <input type="checkbox"/>

STUDENT BACKGROUND INFORMATION

STUDENT INTERESTS

IDENTIFIED STRENGTHS
STRENGTH 1 <input type="text"/> STRENGTH 2 <input type="text"/> STRENGTH 3 <input type="text"/>

STRENGTH AREA GOALS <i>What are the goals for this student's identified strength area(s)?</i>

STRENGTH 1
GOAL 1 Q1 Progress <input type="text"/> Comment _____ Q2 Progress <input type="text"/> Comment _____ Q3 Progress <input type="text"/> Comment _____ Q4 Progress <input type="text"/> Comment _____
GOAL 2 Q1 Progress <input type="text"/> Comment _____ Q2 Progress <input type="text"/> Comment _____ Q3 Progress <input type="text"/> Comment _____ Q4 Progress <input type="text"/> Comment _____

Progress Legend

1 – No Progress (Comment Required) 2 – Minimal Progress (Comment Required) 3- Adequate Progress 4 – Exceptional

Effectiveness Legend

1 – Not Beneficial (Comment Required) 2 – Minimally Beneficial (Comment Required) 3 – Adequately Beneficial 4 – Highly Beneficial

STRENGTH 2

GOAL 1

Q1 Progress Comment _____

Q2 Progress Comment _____

Q3 Progress Comment _____

Q4 Progress Comment _____

GOAL 2

Q1 Progress Comment _____

Q2 Progress Comment _____

Q3 Progress Comment _____

Q4 Progress Comment _____

STRENGTH 3

GOAL 1

Q1 Progress Comment _____

Q2 Progress Comment _____

Q3 Progress Comment _____

Q4 Progress Comment _____

GOAL 2

Q1 Progress Comment _____

Q2 Progress Comment _____

Q3 Progress Comment _____

Q4 Progress Comment _____

AFFECTIVE GUIDANCE AND COUNSELING GOALS

What is/are the goal(s) for peer support, individual self esteem, planning for advanced coursework, self advocacy and/or early career/college planning?

GOAL 1

Q1 Effectiveness Comment _____

Progress Legend

1 – No Progress (Comment Required) 2 – Minimal Progress (Comment Required) 3- Adequate Progress 4 – Exceptional

Effectiveness Legend

1 – Not Beneficial (Comment Required) 2 – Minimally Beneficial (Comment Required) 3 – Adequately Beneficial 4 – Highly Beneficial

Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____

GOAL 2			
Q1 Effectiveness	<input type="text"/>	Comment	_____
Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____

GOAL 3			
Q1 Effectiveness	<input type="text"/>	Comment	_____
Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____

GOAL 4			
Q1 Effectiveness	<input type="text"/>	Comment	_____
Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____

STRUCTURE <i>What delivery model, school setting, placement and/or group will be used to facilitate meeting student's goals?</i>
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STRUCTURE 1			
Q1 Effectiveness	<input type="text"/>	Comment	_____
Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____

Progress Legend

1 – No Progress (Comment Required) 2 – Minimal Progress (Comment Required) 3- Adequate Progress 4 – Exceptional

Effectiveness Legend

1 – Not Beneficial (Comment Required) 2 – Minimally Beneficial (Comment Required) 3 – Adequately Beneficial 4 – Highly Beneficial

STRUCTURE 2

Q1 Effectiveness	<input type="text"/>	Comment	_____
Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____

ACCOMMODATIONS

What strength-based accommodation(s) will be used by teachers to support student learning?

ACCOMMODATIONS 1

Q1 Effectiveness	<input type="text"/>	Comment	_____
Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____

ACCOMMODATIONS 2

Q1 Effectiveness	<input type="text"/>	Comment	_____
Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____

ACCOMMODATIONS 3

Q1 Effectiveness	<input type="text"/>	Comment	_____
Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____

ACCOMMODATIONS 4

Q1 Effectiveness	<input type="text"/>	Comment	_____
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Progress Legend

1 – No Progress (Comment Required) 2 – Minimal Progress (Comment Required) 3- Adequate Progress 4 – Exceptional

Effectiveness Legend

1 – Not Beneficial (Comment Required) 2 – Minimally Beneficial (Comment Required) 3 – Adequately Beneficial 4 – Highly Beneficial

Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____

ACCOMMODATIONS 5			
Q1 Effectiveness	<input type="text"/>	Comment	_____
Q2 Effectiveness	<input type="text"/>	Comment	_____
Q3 Effectiveness	<input type="text"/>	Comment	_____
Q4 Effectiveness	<input type="text"/>	Comment	_____
CSAP ACCOMMODATIONS <i>(if applicable)</i>			

PARENT INVOLVEMENT	
<i>At least one goal, but no more than three</i>	
GOAL 1	_____
Comment	_____
GOAL 2	_____
Comment	_____
GOAL 3	_____
Comment	_____

SIGNATURES

Student Printed Name_____

Student Signature_____

GT Specialist _____

Parent _____

Parent _____

Classroom Teacher _____

Classroom Teacher _____

Classroom Teacher _____

Classroom Teacher _____

Other _____ Title _____

Other _____ Title _____