

Student Name School School Year Beginning date of plan

Area(s) of Qualification: Math Reading Current Teacher/Advisor Current Grade

Achievement	Cognitive	Creativity	Motivation
K-TEA II	cogAT 7	Renzulli Scale	Renzulli Scale
Reading: _____ % ile	Verbal: _____ % ile	_____ % ile	_____ % ile
Math: _____ % ile	Nonverbal: _____ % ile		
	Quantitative: _____ % ile		
	Composite: _____ % ile		

Program Components (check all that apply):

Level 1			Level 2			Level 3		
	Math	Reading		Math	Reading		Math	Reading
Differentiated Instruction	_____	_____	Cluster Grouping	_____	_____	Single Subject Acceleration	_____	_____
Enrichment	_____	_____	Advanced Placement	_____	_____	Whole Grade Acceleration	_____	_____
Curriculum Compacting	_____	_____	College in the Classroom	_____	_____	Mentoring	_____	_____
Independent Projects	_____	_____				College Courses	_____	_____
						Early Exit/Entrance	_____	_____

Parent/Guardian Information

Parent/Guardian has received a copy of the initial student plan by: Mail Conference

Date

Staff Signature

An annual review of the student plan was held with the parent/guardian by: Phone Conference

Date

Staff Signature

Activities/Tasks: Activities the student participated in that provided advanced level learning experiences in the area(s) of qualification.

Date	Intervention/Strategies	Outcome