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| Student: | | | | **Additional Plans:**  **Student is on the following additional plans:**   * **IEP** * **EL Plan** * **MTSS/RtI** * **Behavior** * **504**   **Please note any key information from additional plans:**  **Sources of data used to determine eligibility:**  **If transition ALP, list meeting date & staff members:** |
| GT Identified Area(s): | | | |
| Grade: | | | |
| Date: | | | |
| Parent Notification: | | | |
| **Current Data** | | | |
| Date | Assessment | Score | Proficiency Level |
| **Standards Based Academic Goal(s) in Area of Identification** | | | |
| **Math Goal:**  **Reading Goal:**  **Other Content Area Goal:** | | | |
| **Programming/strategies to support goal(s):** | | | |
| **Progress monitoring:** data considered, dates & progress:  Goal attained: \_\_\_\_\_\_Yes \_\_\_\_\_\_ No Date of review: \_\_\_\_\_\_\_\_ | | | |
| **Affective Goal** | | | |
| **Goal:** | | | |
| **Programming/strategies to support goal(s):** | | | |
| **Progress monitoring:** data considered, date & progress:  Goal attained: \_\_\_\_\_\_Yes \_\_\_\_\_\_ No Date of review: \_\_\_\_\_\_\_\_\_ | | | |
| **Interests & Participation (or attach interest survey)** | | | |
|  | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_  GT School Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_  Classroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ | | | |