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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: \_\_\_\_\_\_\_\_\_\_\_ |