

**Osborn School District
Gifted Learner Plan (GLP)**

Date: _____

Student Name: _____ **Grade:** _____ **DOB:** _____

School: Choose one **School Year:** Choose one **SAIS Number:** _____

Homeroom Teacher: _____ **Teacher(s) Providing Gifted Instruction:** _____

Primary Language: Choose One **Language Spoken in Home:** Choose One

Special Education: YES NO **If YES, Primary Disability:** _____

Please note any medical or health concerns:

Describe student attendance:

AZ Assessment Year Grade Tested: _____ Reading: _ SS: _____ Math: _ SS: _____ Writing: _ SS: _____	NWEA Year Term Reading RIT: _____ Math RIT: _____	Gifted Assessments Date tested: _____ Test Quantitative Score: _____ Verbal Score: _____ Non-verbal Score: _____	Report Card Year Trimester Reading: _ Mathematics: _ Writing: _
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Special interests and talents (academic and/or non-academic):

Additional information to support teacher instruction and student achievement:

Behavior:

Social Interaction with peers:

Other:

Academic Achievement Goals

List **at least one** annual Objective/Goal and the **measure** you will use to show student progress.

The student will _____ as measured by _____ on the Choose One.

The student will _____ as measured by _____ on the Choose One.

Additional Goals (Study Skills, Social Skills, Participation etc.)

The student will _____ as measured by _____.

The student will _____ as measured by _____.

Strategies/Methodologies

How are you going to achieve these goals?

Choose strategies and describe as appropriate:

Choose One

Describe:

Choose One

Describe:

Choose One

Describe:

Additional Comments:

Student Date

Parent/Guardian Date

Teacher providing Gifted Instruction Date

Lead Teacher of Gifted Date

Evaluation Date: _____

Summary of Achievement Progress:

Recommendations: