

**CONEJO VALLEY UNIFIED SCHOOL DISTRICT
STUDENT SUPPORT SERVICES
GIFTED AND TALENTED EDUCATION**

INDIVIDUAL DIFFERENTIATED LEARNING PLAN

Student Name _____ **School** _____
Date _____ **Grade** _____ **Years in GATE** _____
Guardian Name(s) _____ **Teacher** _____

Student Cognitive Strengths [as observed and/or assessed]: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Visual - Spatial Skills | <input type="checkbox"/> Verbal Reasoning |
| <input type="checkbox"/> Auditory Processing | <input type="checkbox"/> Abstract Reasoning |
| <input type="checkbox"/> Others _____ | |

Student Ability Strengths and Confidences: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Math Reasoning / Mental | <input type="checkbox"/> Math Calculation |
| <input type="checkbox"/> Literature / Reading | <input type="checkbox"/> Writing (type: _____) |
| <input type="checkbox"/> History | <input type="checkbox"/> Science |
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Multimedia / Technology | <input type="checkbox"/> Leadership Skills |
| <input type="checkbox"/> Music | <input type="checkbox"/> Peer Relationships |
| Others _____ | |

Unique Interests and/or Areas of Concern: Yes No

If yes, please include here: _____

GATE PLAN

Student Goal(s) for the School Year (*At least 1 goal required*):

1. _____
2. _____
3. _____

Note: Goals can be a class project, social-emotional based, or academic outcome based, etc.

Proposed Activities for the Year (*GATE Activities can be school based or parent provided*):

1. _____
2. _____
3. _____

End of Year Self-Reflection of Goal(s) (*Describe how each goal will be reviewed*):

1. _____
2. _____
3. _____

Teacher Signature

Guardian Signature

Student Signature

Instructions: Plan shall be completed with parent and student input at the beginning of each school year. Teacher and student shall review and reflect prior to the end of the school year.