



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT
INSTRUCTIONAL 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)

- | | |
|--|---|
| ☐ Visual - Spatial Skills | ☐ Verbal Reasoning |
| ☐ Auditory Processing | ☐ Abstract Reasoning |
| ☐ Others _____ | |

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

- | | |
|--|--|
| ☐ Math Reasoning / Mental | ☐ Math Calculation |
| ☐ Literature / Reading | ☐ Writing (type: _____) |
| ☐ History | ☐ Science |
| ☐ Visual Arts | ☐ Performing Arts |
| ☐ Multimedia / Technology | ☐ Leadership Skills |
| ☐ Music | ☐ 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

Parent/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.