



Sedro-Woolley School District Highly Capable Program

Student Learning Plan

Student:	Grade Level:	Teacher/School:
Meeting Type: <input type="checkbox"/> Initial <input type="checkbox"/> Revision <input type="checkbox"/> End of year		Meeting Date:
<p>Areas identified for accelerated and enhanced instruction:</p> <p>SEL strengths/concerns:</p> <p>IEP/504 <input type="checkbox"/>yes <input type="checkbox"/>no Accommodations:</p>		

Student learning plans are developed in response to student readiness and ability and are designed to extend learning opportunities aligned to the highly capable goals.

<p>Goal 1: Adjusting pace and complexity of core instruction (acceleration)</p> <p> <input type="checkbox"/> Small group instruction <input type="checkbox"/> Open-ended tasks <input type="checkbox"/> Subject acceleration <input type="checkbox"/> Curriculum compacting <input type="checkbox"/> Independent study <input type="checkbox"/> Differentiated Instruction </p> <p>Implementation notes:</p> <p><input type="checkbox"/> Classroom Teacher:</p> <p><input type="checkbox"/> Hi-Cap Teacher:</p>
<p>Goal 2: Provide supplemental enrichment activities/projects (enhanced instruction)</p> <p> <input type="checkbox"/> Pull out intervention group <input type="checkbox"/> Independent study <input type="checkbox"/> Sustained Inquiry Project (PBL, Inquiry Cycle, Engineering Design, Genius Hour) </p> <p>Implementation notes:</p> <p><input type="checkbox"/> Classroom Teacher:</p> <p><input type="checkbox"/> Hi-Cap Teacher:</p>

Student Name: _____

Goal 3: Affective/Engagement (SEL + enhanced instruction)

- Social Skill Support Metacognitive skills Zones of Regulation

Implementation notes:

- Classroom Teacher:
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- Hi-Cap Teacher:

Goal 4: Embedded Creative and Critical Thinking (enhanced instruction)

- Project Based Learning Open-ended tasks Complex Reasoning
 Collaborative Learning Independent study Tasks (comparative
analysis, problem solving,
decision making)

Implementation notes:

- Classroom Teacher:
-
- Hi-Cap Teacher:

Multi-Disciplinary Team Signatures

Role	Signature	Date
Gen. Ed. Teacher*	_____	_____
Administrator*	_____	_____
Hi-Cap Teacher*	_____	_____
Parent	_____	_____
Other	_____	_____

* = required