



**GT PARENT COMMUNICATION
ACADEMIC YEAR 2014-15**

STUDENT ID: _____	SCHOOL: _____
STUDENT NAME: _____	GRADE: _____
AREAS OF GT IDENTIFICATION: ELA M SC SS <i>(Please circle area(s) that apply to student.)</i>	
MARKING PERIOD: 1 2 3 4	TEACHER: _____

GT Services

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Pre-assessments | <input type="checkbox"/> Tiered Assignments | <input type="checkbox"/> Problem Based Learning | <input type="checkbox"/> Texas Performance Standards Guided Research (TPSP) |
| <input type="checkbox"/> Curricular Compacting | <input type="checkbox"/> Socratic Seminar | <input type="checkbox"/> Independent Study/Outside Mentorship | Other: _____ |

Teacher: In the space below, briefly describe the implementation of GT Services.

Week 1:	Week 2:	Week 3:
Week 4:	Week 5:	Week 6:



Advanced Academics

Week 7:	Week 8:	Week 9:
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Student's self-reflection:
During this nine weeks I _____

Teacher Comments:

Parent Signature: _____

Date: _____