

GIFTED ENRICHMENT PLAN

Student: \_\_\_\_\_ School Year: \_\_\_\_\_ GEP Coordinator: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Language Arts Curriculum Activities**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History Curriculum Activities**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Math/Science Curriculum Activities**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Activities**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments**

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**Signatures:**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
Gifted Coordinator Date

\_\_\_\_\_  
Other/Title Date

\_\_\_\_\_  
Other/Title Date