



Differentiated Education Plan (DEP)

Student: _____ **Grade** ____ **School Year** _____ - _____

Need for Differentiation/Service Mode:

- ☐ Service in **Reading** only
☐ Service in **Math** only
☐ Service in Reading **AND** Math
☐ AIG Elementary Curriculum (4/5) /Middle School Curriculum (6-8)
☐ AIG Elementary Curriculum/Middle School Curriculum **AND** service in **Reading**
☐ AIG Elementary Curriculum/Middle School Curriculum **AND** service in **Math**
☐ AIG Elementary Curriculum/Middle School Curriculum **AND** service in Reading **AND** Math

Area(s) of Strength (circle): Reading / Math / Aptitude

| Learning Environment | Strategies | Enrichment |
|--|---|---|
| Regular Classroom <input type="checkbox"/> Flexible Grouping <input type="checkbox"/> Ability Grouping <input type="checkbox"/> Cluster Grouping Resource Services: <input type="checkbox"/> Resource Support <input type="checkbox"/> In-class Service <input type="checkbox"/> Pull-out Service <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Other (Write In) <input type="checkbox"/> STRIDE AIG Curriculum (4 th & 5 th Grade) <input type="checkbox"/> Middle School AIG Curriculum <input type="checkbox"/> Pre-Algebra <input type="checkbox"/> Algebra <input type="checkbox"/> Geometry <input type="checkbox"/> English 1 <input type="checkbox"/> NCVPS | <input type="checkbox"/> Interdisciplinary Instruction <input type="checkbox"/> Curriculum Compacting <input type="checkbox"/> Contracts <input type="checkbox"/> Product Modification <input type="checkbox"/> Problem-Based Learning <input type="checkbox"/> Differentiated Units <input type="checkbox"/> Advanced Technology Training <input type="checkbox"/> Independent Investigations/Study <input type="checkbox"/> Subject Acceleration <input type="checkbox"/> Grade Acceleration <input type="checkbox"/> Mentoring <input type="checkbox"/> Junior Great Books <input type="checkbox"/> Socratic Seminar | <input type="checkbox"/> Math Masters <input type="checkbox"/> Math Olympiad <input type="checkbox"/> Future Problem Solving <input type="checkbox"/> Battle of the Books <input type="checkbox"/> MATHCOUNTS <input type="checkbox"/> Science Olympiad <input type="checkbox"/> Spelling Bee <input type="checkbox"/> Geography Bee <input type="checkbox"/> Envirothon <input type="checkbox"/> Other (Write In) |



Differentiated Education Plan (DEP)

| AIG Identification: _____ Reading _____ Math _____ Both _____ IQ _____ None _____ | | | | | | | | |
|---|---------------------------|---|-----|----|------------------------------------|---------|---------------|-----------------------------|
| Grade | Grades (Final Average) | | | | EOG/ Achievement Percentiles | | Annual Review | |
| | M | R | Sci | SS | Math | Reading | Tier | Date/Signature of Parent |
| Grade 3 | | | | | | | | |
| Grade 4 | | | | | | | | |
| Grade 5 | | | | | | | | |
| Grade 6 | | | | | | | | |
| Grade 7 | | | | | | | | |
| Grade 8 | | | | | | | | |

Comments:

AIG Teacher: _____ Date: _____
signature