



**Juneau School District  
Extended Learning Program**

# Student Learning Plan

**This plan must be completed by parent conferences each year.**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 School: Riverbend Elementary School Grade: Third

**Areas of Eligibility:**

Academically Gifted

**Participants in Plan Development:**

**Agree with Plan as Presented?  
Please initial in shaded box.**

_____	_____		_____
Parent	Signature		date
_____	_____		_____
Parent	Signature		date
_____	_____		_____
Teacher	Signature		date
_____	_____		_____
Student (over 14 yrs old)	Signature		date
_____	_____		_____
Title: Extended Learning Teacher	Signature		date
_____	_____		_____
Title	Signature		date

**Student strengths, interests, learning style:**

**Student needs or weaknesses to be addressed by Extended Learning Program:**