



2706 E Queen Ave
Spokane, WA 99217
www.spokaneintlacademy.org

Highly Capable Services

Student's Name _____ Date _____

Grade _____ School: _____ Primary _____ Middle Teacher _____

Identified Area(s) of Highly Capable Abilities:

Verbal Reasoning (ELA) Quantitative Reasoning (Math)

Please check the appropriate boxes.

Highly Capable Instructional Options	
<input type="checkbox"/>	Differentiated instruction within the regular classroom setting for: ○ ELA and/or math
<input type="checkbox"/>	Differentiated instruction outside of regular classroom setting for: ○ ELA and/or math
<input type="checkbox"/>	Advanced Coursework/class placement (Middle Academy) _____ English _____ Math

Please fill in both sections below.

Parent has been notified of the instructional plan:	
Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____
Notified by: (Check one)	<input type="checkbox"/> Email <input type="checkbox"/> Letter Home <input type="checkbox"/> Phone <input type="checkbox"/> Parent Meeting
Teacher Signature: _____ Date _____	