

DIFFERENTIATED EDUCATIONAL PLAN FOR GIFTED STUDENTS

Name _____	Birthdate _____	Grade _____
Parent/Guardian _____	Address _____	Phone No. _____
School _____	Classroom Teacher _____	
E.L.O. Catalyst Teacher/Mentor _____		

REASON FOR PROVIDING SUPPORT SERVICES	OTHER SERVICES PROVIDED
<input type="checkbox"/> Group Screening Results <input type="checkbox"/> Previous Recipient of Enrichment/Extended Learning Opportunities <input type="checkbox"/> Underachievement	<input type="checkbox"/> Mentorship <input type="checkbox"/> In-Class Enrichment <input type="checkbox"/> Grade 7 & 8 Community Resource Units <input type="checkbox"/> Other

Classroom Support _____ In-Class Individual Support _____ In-Class Small Group _____	Pull-Out Individual _____ Pull-Out Small Group _____
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