Request for Twice Exceptional Student Support

Student's Name:	Date:	
School:	ID #:	
Classroom Teacher(s):		Grade:
Contact Person/Title:		
School/Contact Phone Number:		
Parent(s) Name/Phone number/E-mail:		
Is/are the parent(s) aware of this request? 🔲 YES 🗀	NO	
BACKGROUND INFORMATION:		
Student identified GT (Grade 3 or higher)? YES	NO	
If yes OR no, attach a copy of the GT report from the cumulativ	e folder or record Raven/Inview data h	nere.
Does the student have an 🔲 IEP or 🔲 504?		
What is/are the student's documented disability(ies)?		
Are psychological and educational evaluation reports at	ttached on O/SS? 🔲 YES 🛄 I	NO
If no, send a copy of the psychological and/or educational asse been assessed, please explain.	ssments along with the consult reques	st. If the student has not
Reason for support request:		
Consultation to remove barriers to the student's access to	accelerated and/or enriched instruction	n in his/her current setting
☐ For consideration of a Wings mentor☐ For consideration of a GT/LD services placement (studies)	idents with IEPs only)	
 Other/further explanation regarding the purpose of the as specifically as possible): 	•	your school's needs

,	Strengths	Needs
	Strengths	Needs
Academic		
Social emotional behavior		
Other		
4. What st	rategies/interventions have been tried and to	what result?
	Strategies/Interventions	Results
William	hild receiving components of accelerated and and Mary, Junior Great Books, accelerated madescribe or D NO, why not?	l enriched instruction (e.g., advanced/Honors/AP cours ath, enrichment projects)?
6. Does the	e student have any unique or significant talen	nts, personal attributes, or areas of interest?
Principal's Si	ignature:	Date:

If the student has an IEP, e-mail or pony to your special education supervisor (Room 230, CESC) for review and appropriate action. *If the student does not have an IEP*, e-mail or pony to twice exceptional specialist (Room 177, CESC).