



Aberdeen School District No. 5
Student Support Services
906 Cleveland Street
Aberdeen, WA 98520

Appeal for Highly Capable Services

Date of Appeal _____

Person submitting appeal: _____ ☐ Parent/guardian ☐ Teacher

STUDENT BACKGROUND

Student Name _____ Birthdate _____

Current School _____ Current Grade _____ Date Tested _____

1. Describe the characteristics, behaviors, and/or needs of a most highly-capable learner that you have observed with this child, which reflect the state definition (WAC 392-170-035):

2. Describe this child's academic progress, cognitive ability, creativity, and special interest areas:

3. Describe how the regular curriculum has been modified to meet this child's special Needs: _____

4. Describe extenuating circumstances that may have influenced this child's test performance(s):

5. Comments: _____

Note: You may attach additional paper if needed to answer the questions. Please attach any supporting documentation that may be helpful to the Student Placement Team, who considers many factors.

Signature _____ Date _____

Address _____ Phone _____

Please submit form to Student Support Services.