**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student I.D. Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ELDA/TELPA Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_ Age \_\_\_\_\_\_**

**School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Yes or No:*

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| Gifted | Special Education | 504 Plan |

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| Objectives/Goals | Strategies | Assessment | Outcome | Comments |
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| **Information from Parents:** |