

Date

To the Parent/Guardian of:

Your child has been referred for the District's Highly Capable Program. Students who qualify for these programs exhibit high cognitive capabilities, excel in academic areas, and/or possess exceptional creativity.

Multiple measures are used to evaluate students for potential eligibility in the Highly Capable Program. Those measures include: standardized tests, classroom work, district assessments, and behavior rating scales.

A multi-disciplinary selection committee comprised of the classroom teacher, a building administrator, certificated Highly Capable Program Facilitator, and a psychologist, or other qualified educator trained to interpret cognitive and achievement assessments will meet after their testing has been completed to determine eligibility. The multi-disciplinary team will apply professional judgment as to which students who meet eligibility will benefit the most from participation in the program.

Only trained educators will assess your child, the information will be kept confidential, and we will use the information only to determine your child's eligibility for the Highly Capable Program. Once completed, we will send you the assessment results and the eligibility determination.

Assessment results may be appealed by submitting an appeal form to the Director of Categorical Programs, Arlington Public Schools No. 16, 315 N. French Ave, Arlington, WA 98223. A meeting with the multi-disciplinary team will be scheduled with you.

Please complete the attached permission to assess form indicating your consent option (*do or do not give consent*) and return it to the HCP Coordinator in the enclosed, self-addressed, stamped envelope.

Sincerely,

Printed Name

Title

Phone No. - -

Email

Parent/Guardian: Please complete the following page and return to the HCP Coordinator.

Student First Name	Middle	Last	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
Current School	School year	Current Grade Level	Gender
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Neighborhood School (if different than current school)			Birthdate (M/D/YY)
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>
Current Teacher	Student resides in district?		
<input style="width:100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Language(s) routinely spoken in the home	Student Ethnicity (Optional)		
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		

I do NOT give consent for my child to be tested by the Highly Capable Services Program
Reason *(optional)*:

I give consent for my child to be tested by the Highly Capable Services Program in order to determine eligibility and/or possible placement in highly capable services.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name		Today's Date	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Street Address	City	Zip code	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
-	-	-	-
Email address			
<input style="width:100%;" type="text"/>			
Are there any factors which might affect your child's ability to take tests? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain.			
<input style="width:100%;" type="text"/>			

Does your child need special testing accommodations as specified in a 504 Plan or IEP? Yes No

Has your child been tested for highly capable services in the past year? Yes No