

To the Parent/Guardian of

Date

Your child was recently evaluated for our District's Highly Capable Program. The multidisciplinary team for selection reviews academic assessments, a cognitive assessment, and teacher ratings on learning, motivation, and creativity to identify students who will most benefit from participation in the Highly Capable Program.

Your child scored as follows:

Achievement	Cognitive	Creativity	Motivation
K-TEA 3 - Brief	CogAT 8	Renzulli Scale	Renzulli Scale
Reading _____ %ile	Verbal _____ %ile	_____ %ile	_____ %ile
Math _____ %ile	Nonverbal _____ %ile		
	Quantitative _____ %ile		
	Composite _____ %ile		

Summary of other measures:

Based upon the assessment results, your child is: Eligible for services Not eligible for services
 For: Math Reading

Please contact me if you wish to discuss these assessment results in person. 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.

If your child is eligible for the Highly Capable Program, parent permission is required for program placement. Please complete the attached form and return it to the school office.

Please do not hesitate to contact me if you have any questions in the meantime.

Sincerely,

Name

Title

Phone No. - -

Email