



# Highly Capable Program

Multi-Disciplinary Team Review

Date

Student Name

Date of Birth

School

Teacher

Grade

Purpose:  Eligibility Determination  Program Placement  Eligibility or Placement Appeal  Eligibility Review

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

Summary of Evidence:

Decision     Eligible                       Ineligible                       Placed in program                       Not placed in program

Exit request approved                       Exit request denied                       Appeal accepted                       Appeal denied

More information needed                       Other \_\_\_\_\_

Recommendation for Assessment     Approved                       Denied

Cognitive test results interpreted by:                       Date

Team Members:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

**To be completed by HCP Facilitator in coordination with initial MDT**

Student Name  Date

Age  School  Teacher  Grade

Area(s) of Qualification

Date	Program options appropriate for this student:

Additional notes:

**Continuum of services**

**Level 1: ALL HCP Students**

Differentiated Instruction  
Enrichment  
Curriculum Compacting  
Independent Projects

**Level 2:**

Cluster Grouping  
AP Placement (MS/HS)  
College-in-the-Classroom (MS/HS)

**Level 3: MOST Highly Capable**

Single Subject Acceleration  
Whole Grade Acceleration  
Mentoring  
College Courses  
Early Exit/Entrance

Attendees (name and position for each):

**Original to be filed with HCP Facilitator. Copy to be filed in student's cumulative file.**