

CENTRAL KITSAP SCHOOL DISTRICT – Highly Capable Program Referral/Permission to Test

Student Services, 1400 NE McWilliams Rd, Bremerton, WA 98311, Tel. 360-662-1677, FAX 360-662-1641

Please complete the following steps and return it to the Student Services office or the Highly Capable Mentor at your child’s school:

1. Student Information
2. Referral
3. Parent/Guardian Information (completed by parent/guardian)
4. Permission to Evaluate (completed by parent/guardian)

SECTION 1: STUDENT INFORMATION

Student Name:			
Birthdate:		Gender:	
		Current Grade:	
Current School:		Teacher:	

SECTION 2: Referral

I would like to refer this student for possible services through Central Kitsap School District highly capable program. I feel he/she is a learner who performs or show potential for performing at significantly advanced academic levels when compared with others of their age, experiences and environment.

Referral submitted by: (please print name and sign below)

- Parent/Guardian
 Educator
 Student
 Community Member with knowledge of the student

_____ (PRINT) _____ (Signature)

SECTION 3: PARENT/GUARDIAN INFORMATION

Does the family reside in Central Kitsap School District boundaries?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parent(s) Name(s):	
Home Street Address City, State & Zip:	
Mailing Address (if different) City, State & Zip:	
Daytime Phone:	Work/Cell/Alt Phone:
Email address(es):	

SECTION 4: PERMISSION TO EVALUATE FOR HIGHLY CAPABLE SERVICES

Has your child been evaluated or placed in a gifted/highly capable program before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, when and where?	<i>If assessment results are available, please provide copies for consideration.</i>
<i>I give permission to assess my child to determine eligibility and/or possible placement in CKSD Highly Capable Services. I understand that additional tests may be necessary as part of the evaluation.</i>	
Parent Signature:	Date:

CKSD Highly Capable Program Parent Rating Scale

Directions: Read each statement and decide how often the student exhibits each behavior. You are rating the student's behavior compared with his/her age peers. Please respond to all statements with a number.

Student First and Last Name:	Never	0	
	Seldom	1	
	Sometimes	2	
Grade: School:	Often	3	
Parent/Guardian Name:	Almost Always	4	

ATTRIBUTE	SCORE
Has a "need to know" or "desire to excel"	
Capacity for self-directed learning and working independently	
Grasps ideas quickly or with little explanation	
Can explain precisely and clearly	
Is curious and seeks answers to questions	
Is able to figure out what is needed to solve a problem	
Can relate new information to old or other information	
Uses advanced/mature vocabulary	
Reads and/or speaks with expression to create meaning	
Extremely motivated to learn what interests him/her	
Has a passionate interest or talent	
Bored by routine tasks he/she feels have been mastered	
Aware of detail; keen observer	
Moves easily from simple to complex, concrete to abstract	
Performs mental tasks of a high degree of complexity	
Can quickly figure out cause and effect relationships	
Expresses concern or interest in world issues	
Shows interest in a variety of topics	
Highly developed sense of right and wrong	
Sensitive to perceived criticism	
Highly developed sense of humor – often not understood by peers	
Is attracted to the complex and unique	
Seeks to create rather than imitate	
Values his/her own creativity	
Uses creative or unusual strategies to solve problems	
TOTAL	

Parent Recommendation:

What area(s) do you think you child would benefit from highly capable services? *Circle one*

Verbal (reading/ writing)	Quantitative (math)	Both- Verbal and Quantitative
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What have you observed in your child that leads you to believe that he/she would benefit from highly capable services?