



To complete this form electronically,  
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## Highly Capable Program Permission to Assess

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 and return it to your child's teacher.

Sincerely,

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Printed Name

Title

Phone No.

Email

**Parent/Guardian: Please complete the following page and return to your child's teacher.**



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# Highly Capable Program Permission to Assess

Student First Name  Middle  Last

Current School  School year  Current Grade Level  Gender

Neighborhood School (if different than current school)  Birthdate (M/D/Y)

Current Teacher  Student resides in district?  Yes  No

Language(s) routinely spoken in the home  Student Ethnicity (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

Street Address  City  Zip code

Phone   Home  Work  Cell  Phone   Home  Work  Cell

Email address

Are there any factors which might affect your child's ability to take tests?  Yes  No

If yes, please explain.

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