

HIGHLY CAPABLE ASSESSMENT REQUEST

If you would like your student to be considered for Highly Capable assessment, please fill out this form and return it to Entiat School District.

By signing below, you indicate your approval of possible additional testing and evaluation specific to qualification for our Highly Capable program.

Student Name _____

Teacher's Name _____ Age _____ Grade _____

Parent/Guardian (Please print) _____

Telephone _____

Parent Signature _____ Date: _____