

Date

Dear Parent or Guardian:

Your child is being considered for services under our program for Highly Capable students. Information considered by the selection committee included some or all of the following:

- Permission and Nomination Form signed and submitted from parent/guardian
- Teacher Nomination of the student, indicating a need for differentiated instruction
- Achievement indicated by grades, projects, and classroom performance
- Current information from standardized achievement tests

Please sign and date the attached Parent Permission Form, and return it to your child's school to advance the referral process. The school will inform you of dates and purposes for any additional assessments prior to administering them. Similarly, we will promptly inform you of any decisions regarding the adoption of a special program of instruction for your student.

Any questions regarding the criteria, process or determinations of our Highly Capable program should be addressed to me at the District office. Should you wish to appeal the decisions of our Committee, we have an appeals process in place and you will be provided that opportunity.

Please deliver or mail the completed form to: Entiat School District, 2650 Entiat Way, Entiat, WA 98822, or send via fax to 509-784-2986. Thank you for your interest in our HC program services.

Sincerely,

Dr. Ismael Vivanco
Superintendent
Entiat School District

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: _____