

ENTIAT SCHOOL DISTRICT

2650 Entiat Way - Entiat, Washington 98822 – Telephone (509) 784-1800 – Fax (509) 784-2986

www.entiatchools.org

It is the mission of the Entiat School District to provide all students with the necessary knowledge, skills, and attitudes to be productive and responsible citizens.

Date: _____

Dear Parent or Guardian:

Your child was nominated for possible inclusion in the Entiat School District's Highly Capable Program for the _____ school year. After review by the teacher(s) and evaluation by our Highly Capable Program Committee, they were found to be qualified to receive instructional enrichment under our program for Highly Capable students.

Please sign and date the attached Parent Permission Form to indicate your acceptance of such services, and return it to your child's school. We will promptly inform you of any decisions regarding the adoption of a special program of instruction for your student. Our intention is to provide a faster pace of instruction with greater complexity to provide appropriate growth and challenge to your student.

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 Highly Capable program services.

Sincerely,

Dr. Ismael Vivanco
Superintendent
Entiat School District

The Entiat School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its program and activities and provides equal access to the Boy Scouts and other designated youth groups.

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PERMISSION FOR HIGHLY CAPABLE PROGRAM DURING _____ SCHOOL YEAR

By signing below, I/We indicate approval to adopt a learning plan tailored to our student's unique abilities and interests as part of Entiat School District's Highly Capable Program.

I/We understand that services will be intended to maximize their learning experience, at an appropriate level of complexity and challenge. Possible initiatives include group clustering with students of like ability, pull-out sessions for enrichment under the guidance of a qualified mentor or tutor, or acceleration to work in specific areas with students at higher grade levels. A detailed plan will be proposed, subject to our approval or rejection. We can—at any time—opt out of receiving services by making a written request to Entiat School District.

Student's Legal Name _____

Teacher's Name _____ Age _____ Grade _____

Parent/Guardian (Please print) _____

Telephone _____

Parent Signature _____ Date: _____

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