



Student Information/Referral Form for Highly Capable

All completed forms should be returned to the district office by e-mail or hard copy:

Email:

Chelsea.Jackson@bellingshamschools.org

Hard Copy:

Bellingham Public Schools: Highly Capable
1306 Dupont St.
Bellingham, WA 98225

Please check the appropriate box below:

- My child is a **transfer student new to the district** and was previously identified Highly Capable/Gifted.
- My child is currently enrolled in the district and I would like to **refer them for Highly Capable**. Referrals Submitted by **December 16th 2016** for consideration in the 2016-2017 school year.

Student name _____	School _____
Teacher _____	Grade _____
Person completing the form _____	Relationship to child _____
Phone number for person completing the form _____	
This student has an IEP _____.	This student has a 504 plan _____.

Check potential areas of giftedness

___ Math ___ English Language Arts ___ Other _____

As the parent/guardian of _____ (student name) I acknowledge and support this referral for Highly Capable services.

Bellingham Public Schools has my permission to administer assessments and compile a portfolio of information to determine if my student qualifies for Highly Capable services. I understand that all testing results will be treated confidentially and the outcome of the referral will be communicated to me when the process is completed.

I understand that it is my responsibility to contact the Highly Capable office at (360) 676-6427 on the day of testing if my child is unable to take the test due to illness or an unanticipated event in order to reschedule the testing within the testing window.

Parent/Guardian signature _____ **Date** _____

Parent/Guardian Questionnaire for Highly Capable

Student Name _____ Current School _____

Current Grade Level (circle one) K 1 2 3 4 5 6 7 8 9 10 11

Please print responses. Additional information may be submitted up to five pages.

Step 1: Check the appropriate box: occasionally, frequently, consistently	occasionally	frequently	consistently
Step 2: Give an example for each			
My child surprises me with his/her knowledge. Give an example:			
My child comes up with imaginative and/or unusual ways of doing things. Give an example:			
My child is intellectually curious and asks thoughtful questions. Give an example:			
My child finds humor in situations or events unusual for his/her age. Give an example:			
My child can focus on a particular topic for an unusually long period of time. Give an example:			

Does your child have a special need, such as a learning disability, you want to communicate? NO

YES

If YES, please explain on the back. Additional information may also be part of the five additional pages.

Parent/Guardian Signature _____ Date _____