



Staff/Community Member 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

Referrals submitted by December 16th 2016 for consideration in the 2016-2017 school year.

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

When rating students on each item below please think about the student *compared to other children similar in age, experience, and/or environment.*

Use the following scale to indicate with an **X** how frequently you observe the traits and behaviors listed in items 1-11.

6 = Always 5 = Almost always 4 = Often 3 = Sometimes 2 = Rarely 1 = Never

	6	5	4	3	2	1
1. Performs or <i>shows potential</i> for performing at remarkably high levels.						
2. Is sensitive to larger or deeper issues of human concern.						
3. Is self-aware						
4. Shows compassion for others.						
5. Is a leader within his/her group of peers.						
6. Is eager to explore new concepts.						
7. Exhibits intellectual intensity.						
8. Effectively interacts with adults or older students.						
9. Uses alternative processes.						
10. Thinks "outside the box."						
11. Has intense interests.						
12. Please indicate all content areas where the student shows talent:						
<input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Creative Writing <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> World Language <input type="checkbox"/> Other _____						

Please provide additional information concerning this child's potential (required):