

Student Information/Referral Form for Highly Capable

Referrals may be submitted on or before **December 12, 2018 by 5:00pm**
for consideration in the 2018-2019 school year.

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**.

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 (choose 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 Step 2: Give an example for each	occasionally	frequently	consistently
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 shows advanced math and/or literacy skills. 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? YES NO
 If YES, please explain on the back. Additional information may also be part of the five additional pages.

Parent/Guardian Signature _____ **Date** _____