

## Student Information/Referral Form for Highly Capable

Referrals must be submitted **Dec. 18, 2019 by 5 p.m.**  
for consideration in the 2019-20 school year.

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

**Email:**

[angela.ritchey@bellingshamschools.org](mailto:angela.ritchey@bellingshamschools.org)

**Hard Copy:**

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

Please check the appropriate box below:

- My child is currently enrolled in the district and I approve further testing **for Highly Capable.**
- My child is currently enrolled in the district and **I do not approve** further testing 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** \_\_\_\_\_

**See Reverse Side for More Information**

**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: <b>occasionally, frequently, consistently</b> Step 2: <b>Give an example for each</b>	occasionally	frequently	consistently
My child surprises me with his/her knowledge. <b>Give an example:</b>			
My child comes up with imaginative and/or unusual ways of doing things. <b>Give an example:</b>			
My child is intellectually curious and asks thoughtful questions. <b>Give an example:</b>			
My child shows advanced math and/or literacy skills. <b>Give an example:</b>			
My child can focus on a particular topic for an unusually long period of time. <b>Give an example:</b>			

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** \_\_\_\_\_