

Highly Capable Screening Referral Form for Services in 2022-2023

This form is to be completed by a parent, teacher, or any other person who believes a student should be considered for Highly Capable Services. Please complete both sides of this document.

Child's Name: _____ Grade: _____

School: _____ Teacher: _____

Referring Person: _____ Relationship to Child: _____

Phone: _____ Date: _____

Please check the phrases that best describe the student's strengths below. Each indicator is unique unto itself. Having more or less boxes checked does not weigh into the process.

General Intellectual Aptitude

- Capacity to learn with unusual depth of understanding, to retain what has been learned, and to transfer learning to new situations
- Capacity and willingness to deal with increasing levels of abstraction and complexity earlier than their chronological peers
- Creative ability to make unusual connections among ideas and concepts
- Capacity for intense concentration and/or focus

Specific Academic Ability - Please check the academic area(s) where the student demonstrates the ability to learn quickly.

- Mathematics
- Science
- Reading
- Social Studies

Creative Productivity - Please check the area(s) where the student demonstrates unique abilities.

- Drawing
- Painting
- Sculpting
- Music
- Dance
- Drama
- Other: _____

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Behavioral Characteristics Checklist

Please check the behavior(s) you have observed in the child.

- | | |
|---|---|
| <input type="checkbox"/> Ability to read early | <input type="checkbox"/> Enjoys learning new things and new ways of doing things |
| <input type="checkbox"/> Large vocabulary | <input type="checkbox"/> Interested in experimenting and doing things differently |
| <input type="checkbox"/> Ability to learn basic skills quickly and with little practice | <input type="checkbox"/> Keen sense of humor |
| <input type="checkbox"/> Ability to retain a great deal of information | <input type="checkbox"/> Adventurous – a risk taker |
| <input type="checkbox"/> Easily bored with routine tasks | <input type="checkbox"/> Highly imaginative |
| <input type="checkbox"/> Wide range of interests | <input type="checkbox"/> Not interested in details |
| <input type="checkbox"/> Highly developed curiosity | <input type="checkbox"/> Emotionally sensitive |
| <input type="checkbox"/> Shows interest in world problems | |

Dear Parent,

Your child is being referred as a candidate for participation in the Highly Capable Program. We would like to test your child to see if he/she meets the qualifications for the program. The first step in data collection for this process is your student taking the Cognitive Abilities Test (CogAT) Screener. This screener, along with other educational data, will be used to make a determination if your student qualifies for Highly Capable Programing. Your permission is needed to screen and assess your child's educational needs.

- I **authorize** the Monroe School District to include my child in the pool of students to be screened for participation in Monroe School District Highly Capable Program. I grant permission for Monroe School District to administer The Cognitive Abilities Test (CogAT) Screener to my child and personnel to gather and review educational data on my child. I understand that referral is not an assurance of placement.
- I **decline** testing of my child at this time.

Parent Signature

Date

Please return to the child's school by December 10, 2021 or mail to:

Kim Ross
Monroe School District
14692 179th Street SE
Monroe, WA 98272