

# HIGHLY CAPABLE PROGRAM HANDBOOK

2014



Edited by:

Charlotte Akin

Rachel U. Chung

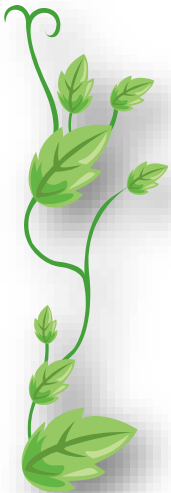
Nancy B. Hertzog

*Produced in collaboration with the University of Washington Robinson Center for Young Scholars, the Washington Association of Educators of the Talented & Gifted (WAETAG), and the Washington State Office of the Superintendent of Public Instruction Highly Capable Program (HCP).*

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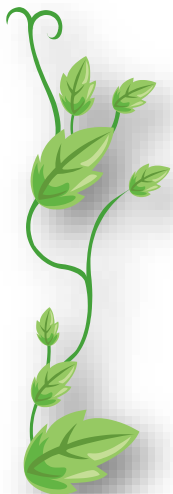
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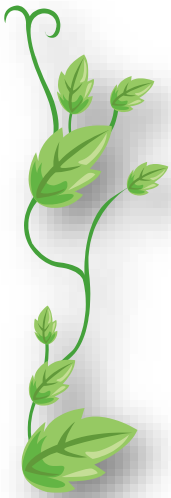
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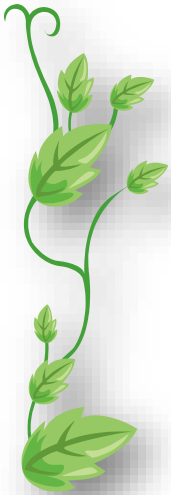
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# Preface

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The Highly Capable Program (HCP) Handbook is a collaborative project between the Robinson Center at the University of Washington, the Washington Association of Educators of Talented and Gifted (WAETAG) and the HCP office at OSPI. In addition, six school districts of varying sizes contributed to the Handbook.



This HCP Handbook has been created with one purpose: to support Washington school districts for the implementation of the K-12 Highly Capable Program (HCP) and to meet the requirements of the Washington Administrative Code (WAC) 392-170. The handbook is available as a Word document file that may be accessed and downloaded for individual district use.

There are a variety of documents included in this handbook, including processes, forms, letters, and web sites. The handbook is organized into four chapters covering Identification and Selection, Programs and Services, Program Evaluation, and Other Supporting Documents.

Documents marked “Small District” means that it came from and is used in a Class Two district (under 2,000 student population). These documents may be useful to larger school districts, just as some of the larger school districts may find the small district documents helpful.

These exemplary documents may have been modified in the collection and review process so that they meet state requirements. Some documents cover multiple WACs, and are so-labeled.

# Acknowledgements

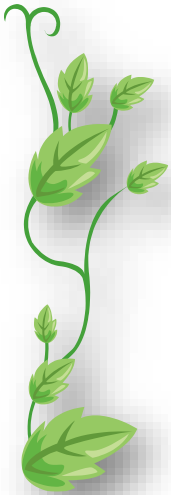
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The following school districts generously contributed to this handbook: Bellevue, Edmonds, Evergreen, Newport, Puyallup, and Wenatchee. They range in size from Newport with just over one thousand students in the total population to Evergreen with approximately 27,000 students.

Kristina Johnstone, HCP Program Manager at OSPI and Gayle Pauley, Director of Consolidated Program Review, Highly Capable Programs, and Learning Assistance Programs at OSPI served as guides and filters for all that the handbook contains.

Funding for the handbook was provided by the Robinson Center for Young Scholars at the University of Washington.

*Charlotte Akin*  
*Rachel U. Chung*  
*Nancy B. Hertzog*



# A Primer on the Washington Administrative Codes (WACS)

## Chapter 392-170

Code	Description
<b>005 - Authority</b>	The authority for this chapter is RCW <a href="#">28A.150.290</a> , 28A.185.030, and 28A.185.050, which authorize the superintendent of public instruction to adopt rules and regulations for the administration of a program for highly capable students in kindergarten through twelfth grade, including the nomination, assessment, and selection of such students.
<b>010 - Purpose</b>	The purpose of this chapter is to establish policies and procedures for administration of programs for the education of K-12 students who are highly capable.
<b>012 - Funds</b>	For highly capable students, access to accelerated learning and enhanced instruction is access to a basic education. School districts may access basic education funds, in addition to highly capable categorical funds, to provide appropriate highly capable student programs.
<b>020 – District plans for the district’s highly capable program.</b>	Each district shall submit an annual plan for the district's highly capable program on forms provided by the superintendent of public instruction for approval.
<b>025 – Board Approval</b>	The district's plan for students who are highly capable shall be annually approved by formal action of the district's board of directors.
<b>030 - Substance of annual school district plan.</b>	The school district's annual plan shall contain the following: (1) A report of the number of K-12 students who are highly capable that the district expects to serve by grade level; (2) A description of the district's plan to identify students; (3) A description of the highly capable program goals; (4) A description of the services the highly capable program will offer; (5) A description of the instructional program the highly capable program will provide; (6) A description of ongoing professional development for educators of students who are highly capable and general education staff; (7) A description of how the highly capable program will be evaluated that includes information on how the district's highly capable program goals and student achievement outcomes will be measured; (8) A fiscal report; and (9) Assurances signed by the school district's authorized representative that the district will comply with all applicable statutes and regulations.

<b>035 - Definition— Students who are highly capable.</b>	As used in this chapter, highly capable students are students who perform or show potential for performing at significantly advanced academic levels when compared with others of their age, experiences, or environments. Outstanding abilities are seen within students’ general intellectual aptitudes, specific academic abilities, and/or creative productivities within a specific domain. These students are present not only in the general populace, but are present within all protected classes according to chapters <a href="#">28A.640</a> and <a href="#">28A.642</a> RCW.
<b>036 - Definition— Learning characteristics.</b>	As used in this chapter, the term learning characteristics means that students who are highly capable may possess, but are not limited to, these learning characteristics: (1) Capacity to learn with unusual depth of understanding, to retain what has been learned, and to transfer learning to new situations; (2) Capacity and willingness to deal with increasing levels of abstraction and complexity earlier than their chronological peers; (3) Creative ability to make unusual connections among ideas and concepts; (4) Ability to learn quickly in their area(s) of intellectual strength; and (5) Capacity for intense concentration and/or focus.
<b>038 - Definition— Special teacher</b>	As used in this chapter, a special teacher is a teacher who has training, experience, advanced skills, and knowledge in the education of highly capable students. Areas of competence should include knowledge of the following: Identification procedures, academic, social and emotional characteristics, program design and delivery, instructional practices, student assessment, and program evaluation.
<b>042 - Annual notification</b>	Annual public notification of parents and students shall be made before any major identification activity. The notice shall be published or announced in multiple ways in appropriate languages to each community in school and district publications or other media, with circulation adequate to notify parents and students throughout the district.
<b>045 - Nomination process for highly capable students.</b>	Each school district shall adopt procedures for the nomination of students to participate in programs for highly capable students. Such procedures shall permit referrals based on data or evidence from teachers, other staff, parents, students, and members of the community. A district's nomination procedure for students who are highly capable may include screening procedures to eliminate students who, based on clear, current evidence, do not qualify for eligibility under WAC <a href="#">392-170-055</a> .
<b>047 - Parental/legal guardian permission.</b>	Parental permission shall be obtained in writing before: (1) Conducting assessment(s) to determine eligibility for participation in programs for highly capable students; (2) Placement in the district's highly capable program before any special services and programs are started for an identified highly capable student; Parental permission notice shall include:



	<p>(a) A full explanation of the procedures for identification of a student for entrance into the highly capable program;</p> <p>(b) An explanation of the appeal's process;</p> <p>(c) An explanation of the procedures to exit a student from the program; and</p> <p>(d) Information on the district's program and the options that will be available to identified students.</p>
<b>055 - Assessment process for selection as highly capable student.</b>	<p>1) Students nominated for selection as a highly capable student, unless eliminated through screening as provided in WAC <a href="#">392-170-045</a>, shall be assessed by qualified district personnel;</p> <p>(2) Districts shall use multiple objective criteria for identification of students who are among the most highly capable. There is no single prescribed method for identification of students among the most highly capable; and</p> <p>(3) Districts shall have a clearly defined and written assessment process.</p>
<b>060 - Nondiscrimination in the use of tests.</b>	<p>All tests and other evaluation materials used in the assessment shall have been validated for the specific purpose for which they are used and shall accurately reflect whatever factors the tests purport to measure. If properly validated tests are not available, the professional judgment of the qualified district personnel shall determine eligibility of the student based upon evidence of cognitive ability and/or academic achievement. This professional judgment shall be documented in writing.</p>
<b>070 - Multidisciplinary selection committee</b>	<p>The multidisciplinary selection committee for the final selection of the most highly capable students for participation in the district's program for highly capable students shall consist of the following professionals:</p> <p>(1) A special teacher: Provided, that if a special teacher is not available, a classroom teacher shall be appointed;</p> <p>(2) A psychologist or other qualified practitioner with the training to interpret cognitive and achievement test results;</p> <p>(3) A certificated coordinator/administrator with responsibility for the supervision of the district's program for highly capable students; and</p> <p>(4) Such additional professionals, if any, the district deems desirable.</p>
<b>075 – Selection of most highly capable.</b>	<p>Each school district's board of directors shall adopt policies and procedures for the selection of the most highly capable students by the multidisciplinary selection committee. Such policies and selection procedures:</p> <p>(1) Shall not violate federal and state civil rights laws including, without limitation, chapters <a href="#">28A.640</a> and <a href="#">28A.642</a> RCW;</p> <p>(2) Shall be based on professional judgment as to which students will benefit the most from inclusion in the district's program; and</p> <p>(3) Shall be based on a selection system that determines which students are the most highly capable as defined under WAC <a href="#">392-170-055</a>, and other data collected in the assessment process.</p>

<b>076 - Process for appeal.</b>	Each district shall adopt a procedure for appealing the multidisciplinary selection committee's decision and disseminate this procedure to the public.
<b>078 - Program services</b>	Districts shall make a variety of appropriate program services available to students who participate in the district's program for highly capable students. Once services are started, a continuum of services shall be provided to the student from K-12. Districts shall periodically review services for each student to ensure that the services are appropriate.
<b>080 - Educational program for highly capable students.</b>	Each student identified as a highly capable student shall be provided educational opportunities which take into account such student's unique needs and capabilities. Such program shall recognize the limits of the resources provided by the state and the program options available to the district, including programs in adjoining districts and public institutions of higher education. Districts shall keep on file a description of the educational programs provided for students selected.
<b>087 - Program review and monitoring</b>	<p>In order to ensure that school districts are meeting the requirements of this chapter, the superintendent of public instruction shall monitor district programs no less than once every five years. Monitoring under this section may be conducted concurrently with other program reviews. The reviews shall monitor program components including:</p> <ul style="list-style-type: none"> <li>(1) The process used by the district to identify highly capable students;</li> <li>(2) Assessment data and other indicators to determine the degree to which districts are meeting the academic needs of identified students; and</li> <li>(3) Highly capable program expenditures.</li> </ul>
<b>090 - End of year report</b>	<p>Districts shall submit to the superintendent of public instruction at the close of each fiscal year an end of the year report on forms provided by the superintendent of public instruction which includes:</p> <ul style="list-style-type: none"> <li>(1) Number of students served by grade level (K-12);</li> <li>(2) Student demographic information;</li> <li>(3) Data to determine if students who are highly capable met the goals set and if the programs provided met the academic needs of these students;</li> <li>(4) Number and content of professional development activities provided for special teachers and general education staff;</li> <li>(5) Program evaluation data and, if needed, program changes that will be made based upon this information; and</li> <li>(6) Final fiscal report that reports on activities and staff funded by this program.</li> </ul>
<b>095 - District records</b>	Districts shall keep such records as are necessary to demonstrate compliance with this chapter and shall make such records available to authorized state personnel.

**CHAPTER 1:**  
**Identification**

**ANNUAL NOTIFICATION  
PROCESS**

**Annual Notification Process (Sample 1)**  
**WAC 392-170-042**

**[DISTRICT NAME]**

**Annual Public Announcement of Notification Process**

Annual notification is made through the front page of district web site, district’s Highly Capable Services web site, district publications, and individual school publications/emails to parents. We update all Highly Capable Services nomination and testing dates on the Highly Capable Services website in **[DATE]**. A flyer regarding K-7 Parent Information Night will be sent to each household via school newsletters. We hold two parent information meetings, one K-7 and one 8<sup>th</sup> grade for IB, in October regarding K-12 Highly Capable Services. Spanish interpreters are available at parent meetings. We mail Highly Capable Services nomination forms and information to private schools in the **[DISTRICT NAME]** service area.

Annual notification is sent to newspapers/e-news such as **[NEWSPAPER NAMES]**. Teachers, principals, counselors, and office staff receive information and nomination forms. Teachers are also reminded a second time via email to give nomination forms to parents at the parent/teacher conferences at the end of **[DATE]**. Highly Capable Services information posters in English and Spanish are put up in school office windows.

WAC 392-170-042

**Annual Notification Process (Sample 2)**  
**WAC 392-170-042**

**[DISTRICT NAME]**

**Notification**

The notification of the referral process as well as the referral packet is available in [LANGUAGE(S)] as well as English. Notification is published in school newsletters, on the district website, in the Highly Capable Services brochures available in all schools, and published in [NEWSPAPER NAME]. Anyone can refer a child for assessment.

A person can refer a student for assessment for placement in Highly Capable Services by filling out a referral form. Referral forms are completed by teachers, by parents and by other referring individuals. Students may refer themselves.

WAC 392-170-042

**ANNUAL NOTIFICATION  
FORMS**

**Annual Notification Form**  
**WAC 392-170-042**

**Annual Notification of Referral for Highly Capable Services**

Referrals for testing for participation in [SCHOOL NAME] Highly Capable Services for the [ACADEMIC SCHOOL YEAR] are currently being accepted. Anyone may refer a student including parents, teachers, other students, and members of the community.

Highly Capable Services are designed to address the needs of highly capable students in grades K-12. Your school has brochures explaining the program options, curriculum, identification process, and the schedule for testing. Referral forms are available online at [WEB ADDRESS] Click on [WEB DIRECTIONS] to download this form. Additional information can also be obtained through your school's Highly Capable Services Liaison.

Students in [STUDENT GRADE LEVEL] will be tested in [DATES] for possible placement in the [ACADEMIC SCHOOL YEAR]. Once your student has been scheduled, the date will not be re-scheduled except for a true family emergency or illness.

Referrals must be returned to your Building Liaison by [DATE] or the HCP office at:

[HCP ADDRESS]

WAC 392-170-042



**NOMINATION  
PROCESS**

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**Nomination Process (Sample 1)**  
**WAC 392-170-045**

**Nomination**

Referrals are accepted based on data or evidence from teachers, other staff, parents, students, and members of the community. Nominators will use the district’s nomination form to refer a student to be considered for admission in the program.

Nominations / Applications for Highly Capable Services must be received in the **[DISTRICT NAME & LOCATION]** by **[DATE]** for secondary programs and **[DATE]** for elementary programs. Resident students new to the **[DISTRICT NAME]** must apply prior to **[DATE]**.

**Screening**

The district will screen each **[GRADE LEVEL]** student, using the **[ASSESSMENT NAME]**. Students who rank above **[ELIGIBILITY LEVEL]** in the assessment period will be sent a letter encouraging parents to consider nomination for highly capable services assessment.

**Nomination Process (Sample 2)**  
**WAC 392-170-045**

**[DISTRICT NAME] Highly Capable Services Nomination Procedure**

Selection procedures include nomination from parents, teachers, administrators, and community members as well as testing of each student. *Written parent permission is required prior to testing.* Nominated students will be screened using [ASSESSMENT NAME] at one grade level above the student's current grade. Test administrators are trained to look for barriers to a true picture of a child's cognitive or creative ability, especially for the under-served or under-represented populations of our District. Barriers could be emerging English language, cultural background or any other factor that might distort the results of the test.

All students must currently live in the [DISTRICT NAME] boundaries in order to be nominated and tested. A kindergarten student must be 5 by Aug. 31 in order to be nominated. A referral form should be filled out by the person referring the student and must be signed by the parent in order for the student to be tested.

[ELEMENTARY SCHOOL PROGRAM NAME] nomination forms are for grades K-5, [MIDDLE SCHOOL PROGRAM NAME] nomination forms are for grades 6-7, and [HIGH SCHOOL PROGRAM NAME] nomination forms are for grade 8 students.

**Please note:** Private individual testing cannot be used in place of the group [ASSESSMENT NAME] test. All students wanting acceptance into the highly capable programs must take the [ASSESSMENT NAME] test given by district testers.

Nomination forms are in multiple languages. All Nomination/Referral forms must be submitted by the deadline listed. No late nomination/referrals forms will be accepted after the deadline. Please send form to:

**HIGHLY CAPABLE SERVICES**

**[ADDRESS]**

**WAC 392-170-045**

**NOMINATION  
FORMS**

**Nomination Form (Sample 1)**  
**WAC 392-170-045**

**HIGHLY CAPABLE SERVICES**

[ADDRESS]

**Nomination for Highly Capable Services**

Please complete a separate form for each nominated student.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*First Last*

Current School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

I am nominating this student to be considered for Highly Capable Services.

Nominator's Name (please print): \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

- Teacher
- Other Staff \_\_\_\_\_
- Peer
- Parent/Guardian
- Community Member

In the space below, provide a written statement giving examples of how this student has exhibited traits, attitudes, or behaviors that are evidence of needing highly capable services.

Please return this form to:

**Coordinator for Highly Capable Services**  
[ADDRESS]

WAC 392-170-045

**Nomination Form and Permission to Test (Sample 2)**  
**WAC 392-170-045, 047**

**Highly Capable Services Application and Permission for Testing**

Please print clearly or type.

Student's First Name	Middle	Last Name		
Current School	School Year	Current Grade Level	Male	Female
Neighborhood School (if different than current school)		Date of Birth M/D/Y		
Current Teacher		Student resides in district? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Language(s) routinely spoken in the home				
Student Ethnicity (Optional)				

I give consent for my child to be tested by the Highly Capable Services Program in order to determine eligibility and/or possible placement in highly capable services.		
<b>Parent/Guardian Signature</b> _____		<b>Date</b> _____
Parent/Guardian Name (Please Print)		Today's Date M/D/Y
Street Address	City	Zip code
Phone 1: <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	Phone 2: <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	
Email Address		
Are there any factors which might affect your child's ability to take tests? If yes, please explain.		Y or N
Does your child need special testing accommodations as specified in a 504 or IEP?		Y or N
Has your child been tested for highly capable services in the past year?		Y or N

WAC 392-170-045, 047

**Submit pages 1 and 2** of this application to the address listed above. Students moving from another state or district may attach state or district assessment reports to this application for review.

*[DISTRICT NAME] does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:*

**[CONTACT #1 NAME, PHONE ADDRESS]**

**[CONTACT #2 NAME, PHONE ADDRESS]**

WAC 392-170-045, 047

**Nomination Form and Permission to Test (Sample 3)**  
**WAC 392-170-045, 047**

[DISTRICT NAME]  
[ADDRESS]  
**Highly Capable Services  
Referral for Testing**

**Part 1: Student Information** students must be 5 years old by WA State deadline [DATE] in order to test. 1<sup>st</sup> graders – **must be 6** by [DATE] in order to test. If a student is 6 by [DATE], the student must be accepted by [DISTRICT NAME] Early Entrance process to first grade OR must have completed a full year in a state certified kindergarten class.

Student Name \_\_\_\_\_  
Last First Middle

Current Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ Ethnicity (Optional) \_\_\_\_\_  
Month Day Year

2<sup>nd</sup> Language \_\_\_\_\_

**Must Fill In** – Current School and Teacher \_\_\_\_\_

Address of Current School if NOT in [DISTRICT NAME]  
\_\_\_\_\_

**Part 2: Person Referring Student** (please mark and fill in name if other than parent)

Parent/Guardian

Teacher

Other: Name \_\_\_\_\_ Phone \_\_\_\_\_

Please mark if your child needs a special testing accommodation as specified in an IEP or 504 plan, please attach a copy of the plan to the referral. We only need a copy of the page that refers to testing; do not send the entire IEP.

WAC 392-170-045, 047



**\*\*Part 3: Parent/Guardian Information and Permission to Test-Required!!**

\*\*This referral **WILL NOT** be processed without parent permission signature.

Parent/Guardian Name(s) and Phone Number

\_\_\_\_\_  
Last                      First    Work/Cell

\_\_\_\_\_  
Last                      First    Work/Cell

Address

\_\_\_\_\_  
Street    City    Zip Code  
E-Mail \_\_\_\_\_ (please print legibly)

I give permission for my child to be assessed for [DISTRICT NAME] **Highly Capable Services**. The assessment starts with the [ASSESSMENT NAME]. Additional available data will be considered by the Multi-Disciplinary Selection Committee for identification/placement of students in highly capable services.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part 4: Required Information from Parent/Guardian** – Please staple additional sheet to the referral with information about your student.

*Why do you think your child requires highly capable services? What advanced characteristics do you see?*

**Part 4A: Required** – Attach Student’s Previous Year’s Report Card (exception Kindergarten)

**REFERRAL DEADLINE:** **No Referrals** will be accepted after [DATE].

**Please drop off or mail to: [CONTACT NAME, ADDRESS]**

WAC 392-170-045, 047

**Nomination Form - Small District**  
**WAC 392-170-045**

**[SCHOOL DISTRICT NAME]**  
**Highly Capable Services**

**Nomination Form**

Highly capable students generally possess the following characteristics;

- 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;
- Ability to make unusual connections among ideas and concepts;
- Ability to learn very quickly in their area(s) of intellectual strength;
- Capacity for intense concentration and/or focus.

Nominated Student Name: \_\_\_\_\_  
First Last Middle Initial

**I believe that this student possesses the characteristics as outlined above.**

**Nominator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**If you have any questions, please contact [CONTACT NAME] at [PHONE NUMBER].**

WAC 392-170-045 (SD)

**Referral for Testing Form – Student Input**  
**WAC 392-170-045, 047**

**[PROGRAM NAME]**  
**Referral Packet**  
**[ACADEMIC YEAR]**

**General Directions –**

- The **[PROGRAM NAME]** tests measure general reasoning ability and performance.
- Referrals are encouraged from parents, teachers, friends, etc., and are accepted from any source.
- Parents and teacher need to complete the Referral Packet. (Please forward appropriate pages).
- Referrals are due to the school’s **[PROGRAM NAME]** Liaison by **[DATE]**.
- Referrals are due to the Highly Capable Services office by **[DATE]**.
- Refer to the Highly Capable Services brochure for additional information/timelines.

**STUDENT INFORMATION**

**PLEASE PRINT**

Student Name: \_\_\_\_\_

First Last Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Future Middle School: \_\_\_\_\_  Male  Female

Parent/Guardian Name: \_\_\_\_\_

First Last

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**WAC 392-170-045, 047**

If this student has test data from another school district or from a private psychologist, please check below and attach copies of the testing information.

Yes, information is attached

Does/has this student have/had a sibling in **[PROGRAM NAME]**?  No  Yes

Who initiated this referral? (**check one**)  Parent  Teacher  Other: \_\_\_\_\_

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To request accommodation due to the presence of a physical, sensory or mental disability, please contact the ADA Coordinator at least forty-eight (48) hours in advance of the event. The ADA Coordinator, may be contacted at:

**[CONTACT NAME, PHONE, & ADDRESS]**

WAC 392-170-045, 047

**[PROGRAM NAME]  
Referral Packet  
[ACADEMIC YEAR]**

**STUDENT INPUT**

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
                                First                                Last

Current School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

1. Do you want to participate in [PROGRAM NAME]?

2. Please explain:

3. What other information about yourself would you like to share?

**WAC 392-170-045, 047**

**Referral for Testing Form – Parent/Guardian Input**  
**WAC 392-170-045, 047**

[PROGRAM NAME]  
Referral Packet  
[ACADEMIC YEAR]

**General Directions –**

- The [PROGRAM NAME] tests measure general reasoning ability and performance.
- Referrals are encouraged from parents, teachers, friends, etc., and are accepted from any source.
- Parents and teacher need to complete the Referral Packet. (Please forward appropriate pages).
- Referrals are due to the school’s [PROGRAM NAME] Liaison by [DATE].
- Referrals are due to the Highly Capable Services office by [DATE].
- Refer to the Highly Capable Services brochure for additional information/timelines.

**STUDENT INFORMATION**

**PLEASE PRINT**

Student Name: \_\_\_\_\_

First Last Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Future Middle School: \_\_\_\_\_  Male  Female

Parent/Guardian Name: \_\_\_\_\_

First Last

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

WAC 392-170-045, 047

If this student has test data from another school district or from a private psychologist, please check below and attach copies of the testing information.

Yes, information is attached

Does/has this student have/had a sibling in **[PROGRAM NAME]**?  No  Yes

Who initiated this referral? (**check one**)  Parent  Teacher  Other: \_\_\_\_\_

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To request accommodation due to the presence of a physical, sensory or mental disability, please contact the ADA Coordinator at least forty-eight (48) hours in advance of the event. The ADA Coordinator, may be contacted at:

**[CONTACT NAME, PHONE, & ADDRESS]**

WAC 392-170-045, 047

**[PROGRAM NAME]  
Referral Packet  
[ACADEMIC YEAR]**

**PARENT INPUT**

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
First Last

Current School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Describe in as much detail as possible what it is about your child that suggests he/she:

1. ....is performing, or has mastered the content in your child's grade level.
2. ....has a need for **[PROGRAM NAME]** placement which exceeds building services.
3. ....displays a high probability of success in an **[PROGRAM NAME]** environment.
4. ....would benefit from an **[PROGRAM NAME]** environment.
5. Will your child require special assistance or accommodations during the testing sessions? \_\_\_\_\_. If so, please describe:

**WAC 392-170-045, 047**



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Your signature below gives the school district permission to test your student for eligibility for the district’s highly capable services. You will receive a letter informing you of test dates. Test outcomes will be mailed to you by **[DATE]**. If your student is ineligible, you may appeal the decision. A description of the appeal process will be included in your test outcomes letter. It is also described on the HCP web site and in the program brochure available at your student’s school

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

COMMENTS:

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**DEADLINE:** *To your school’s Highly Capable Services Liaison by:* **[TIME, DATE]**

*To Highly Capable Services Manager:* **[TIME, DATE]**

WAC 392-170-045, 047

**Referral for Testing Form – Teacher Input**  
**WAC 392-170-045, 047**

[PROGRAM NAME]  
Referral Packet  
[ACADEMIC YEAR]

**General Directions –**

- The [PROGRAM NAME] tests measure general reasoning ability and performance.
- Referrals are encouraged from parents, teachers, friends, etc., and are accepted from any source.
- Parents and teacher need to complete the Referral Packet. (Please forward appropriate pages).
- Referrals are due to the school’s [PROGRAM NAME] Liaison by [DATE].
- Referrals are due to the Highly Capable Services office by [DATE].
- Refer to the Highly Capable Services brochure for additional information/timelines.

**STUDENT INFORMATION**

**PLEASE PRINT**

Student Name: \_\_\_\_\_  
First Last Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Future Middle School: \_\_\_\_\_  Male  Female

Parent/Guardian Name: \_\_\_\_\_  
First Last

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

WAC 392-170-045, 047

If this student has test data from another school district or from a private psychologist, please check below and attach copies of the testing information.

Yes, information is attached

Does/has this student have/had a sibling in [PROGRAM NAME]?  No  Yes

Who initiated this referral? (**check one**)  Parent  Teacher  Other: \_\_\_\_\_

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To request accommodation due to the presence of a physical, sensory or mental disability, please contact the ADA Coordinator at least forty-eight (48) hours in advance of the event. The ADA Coordinator, may be contacted at:

[CONTACT NAME, PHONE, & ADDRESS]

WAC 392-170-045, 047

**[PROGRAM NAME]  
Referral Packet  
[ACADEMIC YEAR]**

**TEACHER INPUT**

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
                    First                                      Last

Current School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

1. Are there any constraining factors which may influence performance on standardized assessment? (e.g. culturally or linguistically diverse, I.E.P. or 504 plan, other) If so, please explain and attach copies.
  
  
  
  
  
  
  
  
  
  
2. How well does the student perform academically?
  
  
  
  
  
  
  
  
  
  
3. In what ways do you think the student would benefit from participating in the [PROGRAM NAME] program?
  
  
  
  
  
  
  
  
  
  
4. What are the student's strengths.....weaknesses?
  
  
  
  
  
  
  
  
  
  
5. Describe how the standard curriculum has been modified to meet this student's special needs within the regular classroom.

WAC 392-170-045, 047

6. Do you believe this student would be successful in [PROGRAM NAME]? If so, which one? Please explain.

Please also complete, sign, and date the [ASSESSMENT NAME].

Teacher Signature \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS:

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DEADLINE: *To your school's Highly Capable Services Liaison by:* [TIME, DATE]

*To Highly Capable Services Manager:* [TIME, DATE]

WAC 392-170-045, 047

**PERMISSION TO TEST  
FORMS**

**Permission to Test Form (Sample 1)**  
**WAC 392-170-047(1)**

**[DISTRICT NAME]**  
Enrichment Program

Date: \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_:

In order to provide appropriate educational services for your child, we are requesting permission to give him/her a test called **[ASSESSMENT NAME]**.

**[ASSESSMENT NAME AND DESCRIPTION]**

Please return this letter to your child’s teacher stating whether or not you wish to have him/her tested, and the school will make the necessary arrangements. You have a right to decline this testing service if you wish, and a right to know the results of the test if you request them. If you have any questions, you may call your child’s teacher, the school’s principal, the school’s Highly Capable specialist, or the Highly Capable Services Coordinator, **[CONTACT NAME, PHONE, EMAIL]**.

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I DO or DO NOT (circle one) give permission to have my child,

\_\_\_\_\_, tested with the **[ASSESSMENT NAME]**.

My child’s birth date is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ making him/her \_\_\_\_ years, \_\_\_\_ months.

Parent/Guardian Name: \_\_\_\_\_  
First Last

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAC 392-170-047(1)**

**Permission to Test Form (Sample 2)**

**WAC 392-170-047(1)**

**[DISTRICT NAME]**

**HIGHLY CAPABLE SERVICES**

**[ADDRESS]**

**Please complete this form and bring with you on [TEST DATE].**

Your child is being considered for HIGHLY CAPABLE SERVICES and is scheduled to be administered the [ASSESSMENT NAME], a nationally-normed standardized assessment. The assessment will be given at [LOCATION] from [TIME FRAME]. Along with the testing activities, students will have lunch and participate in an afternoon recess.

**Parents are responsible for transportation to and from the testing location.**

**I would like my child to be tested for [PROGRAM NAME] on [DATE].**

**Activity Consent Form**

**(This form is required for participation in any school activity that is at a site other than the student's normal attendance school.)**

In the event of an accident or illness, I understand that every reasonable effort will be made to contact me immediately. However, if I am not available, I authorize the [DISTRICT NAME] to secure emergency medical care as needed.

Although I understand that the [DISTRICT NAME] will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury, or other consequences arising or resulting from the activity.

Student Name: \_\_\_\_\_

Being fully informed as to these risks, I hereby consent to the above-named student participating in the activity.

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**WAC 392-170-047(1)**



**Permission to Test Form with Eligibility Criteria  
(Sample 3)**

**WAC 392-170-047(1), 055**

[DISTRICT NAME]

Highly Capable Services

[ADDRESS]

TO: Parent/Guardian(s) of new [GRADE LEVEL] students

FROM:

DATE:

RE: Highly Capable Services Testing

The [DISTRICT NAME] screens *all* students for Highly Capable Services starting in [DATE]. Eligibility is based on the following criteria:

**DISTRICT CRITERIA**

- 
- 
- 
- 

Each building administers the [ASSESSMENT NAME] frequently; **however, we have no record of your child taking the [ASSESSMENT NAME]. IF you would like to have your child considered as a candidate for highly capable services in this domain there are two ways to qualify:**

1. Provide documentation from your former school district that meets the criteria listed above, or
2. Allow [DISTRICT NAME] to administer the [ASSESSMENT OF COGNITIVE ABILITY].

Please return the bottom portion of this letter to your child's classroom teacher or Highly Capable Services Specialist by [DATE] if you wish to have your child tested during the school day. If you have any questions, you may call the Highly Capable Services Specialist at [PHONE NUMBER].

WAC 392-170-047(1), 055

.....  
I give permission for my child, \_\_\_\_\_ to take the  
[ASSESSMENT NAME].

Parent/Guardian Name: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Current School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

WAC 392-170-047(1), 055

**Permission to Test Form – Small District**  
**WAC 392-170-047(1)**

**[DISTRICT NAME]**  
**Program for Highly Capable Services**

**Parent/Guardian Permission Form**

Your child has recently been nominated for screening for involvement in **[DISTRICT NAME]** program for highly capable services.

Parent/Guardian permission must be obtained in writing before the district can conduct assessments to determine eligibility for participation in programs for highly capable services.

If you would like to have your child tested, please sign below and return this form to the **[LOCATION NAME & ADDRESS]**.

I give my permission to have \_\_\_\_\_ assessed for  
**Student's first and last name**

**[DISTRICT NAME]** program for highly capable services.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The process for nomination, screening and selection; the appeal process; the exit procedures and the program options are attached.**

**If you have any questions, please contact [CONTACT NAME & PHONE NUMBER].**

**WAC 392-170-047(1) (SD)**

**ASSESSMENT  
PROCESS**

**Assessment Process (Sample 1)**  
**WAC 392-170-055**

**Assessment**

The district will obtain written parental permission prior to conducting assessments to determine eligibility for participation in Highly Capable Services.

Nominees identified for further testing through the screening process, nominations and applications will be evaluated using multiple objective criteria. The assessment process shall be based upon a review of each nominee's capability as shown by multiple criteria, from a wide variety of sources and data, intended to reveal each nominee's unique needs and capabilities. All assessments must be administered by the [DISTRICT NAME], or administered and certified by another school district. The assessment criterion consists of both qualitative and quantitative instruments and may include the [ASSESSMENT NAME(S)] and district based common assessments / data. Students being evaluated for the secondary highly capable programs may have additional assessments which may include the [ASSESSMENT NAMES(S)].

**Assessment Process (Sample 2)**  
**WAC 392-170-055, 070, 075**

**[DISTRICT NAME]**

**List of assessments: [DISTRICT ASSESSMENTS]**

Other measures may also be used as supportive evidence for consideration by the Multidisciplinary Selection Committee (MDSC) such as report cards, work samples, written teacher and parent referral information, ITBS and ITED from other districts. Any other pertinent information available will also be considered in the process. Students will not be affected in a negative way if there is a missing test score or other data.

**Please note:** Private individual testing cannot be used in place of the group **[ASSESSMENT NAME]**. All students wanting acceptance into any highly capable services options must take the **[ASSESSMENT NAME]** given by district testers.

If a student moves into the district from another district/state/country who has been qualified and in a highly capable program, we will request all testing documentation, current report card, etc. We will then test the student on the **[ASSESSMENT NAME]** in our district and the MDSC will review all information to determine placement in our program.

**Assessment process**

**Multidisciplinary Selection Committee** reviews the performance data for all tested students and identifies the students whose instructional needs would be best served in K-12 Highly Capable Services. They are assisted by the **[DISTRICT NAME]** Assessment Office to compile and understand the student's assessment profile. The district encourages referrals/testing from under-served populations.

Assessments used and the process for identifying highly capable students are aligned with our program's description of highly capable students. Multiple assessments used are not biased against any student population.

**WAC 392-170-055, 070, 075**

**Nondiscrimination in the Use of Tests Process  
(Sample 1)  
WAC 392-170-060**

**Nondiscrimination in the use of tests**

All tests and other evaluation materials used in the assessment shall have been validated for the specific purpose for which they are used and shall accurately reflect whatever factors the tests purport to measure. If properly validated tests are not available, the professional judgment of the qualified district personnel shall determine eligibility of the student based upon evidence of students' academic needs. This professional judgment shall be documented in writing.

WAC 392-170-060

**Nondiscrimination in the Use of Tests Process  
(Sample 2)  
WAC 392-170-060**

**[DISTRICT NAME]**

**Nondiscrimination in the use of Tests**

Nominated students (current grades K-5) will be screened using the [ASSESSMENT NAME(S)]. The test administrators are well trained to look for barriers to a true picture of a child's cognitive or creative ability, especially for the under-served or under-represented populations of our District. Barriers could be emerging English language, cultural background or any other factor that might impact the results of testing. Notes will be made by the test administrator and shared with the Program Administrator.

WAC 392-170-060



**SELECTION  
PROCESS**

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**The Multidisciplinary Selection Committee**  
**WAC 392-170-070**

**Selection**

A Multidisciplinary Selection Committee will review data that has been collected for each of the nominated students. The Multidisciplinary Selection Committee is composed of: A special teacher (provided that if a special teacher is not available, a classroom teacher shall be appointed); a psychologist or other qualified practitioner with the training to interpret cognitive and achievement test results; a certificated coordinator or administrator with responsibility for the supervision of the district's highly capable students; and additional professionals, if any, that the district deems desirable.

The Multidisciplinary Selection Committee will evaluate individual student assessment profiles to determine eligibility and to make the final selection for participation in the district's program for highly capable students.

WAC 392-170-070

## **Selection Process (Sample 1)**

### **WAC 392-170-070**

### **Multidisciplinary Selection Committee (MDSC) Process**

The Multidisciplinary Selection Committee (MDSC) is comprised of the Program Manager, one building administrator, one psychologist, and at least one **[PROGRAM NAME]** teacher. It may include a Professional Development Specialist or other certificated staff. The Program secretary is a non-voting member and a participant during meetings. The Middle School MDSC also includes counselors/HCP liaisons from the middle schools. Names of MDSC members are not published.

The MDSC places students by using assessment data including test results, parent nominations, teacher recommendations, and documenting evidence. This documentation will be kept in the student's file in the HCP office.

The MDSC may use professional judgment in placing students. The Committee looks for best fit for individual students. The MDSC meets twice per year. It meets after fall testing and it meets after winter testing. All students placed in **[PROGRAM NAME]** programs must go through one of these two regularly scheduled meetings with these exceptions:

1. Students who enter the school district mid-year with scores from sending school districts that qualify them for eligibility in the program may be placed by:
  - the middle school counselor after the Program Manager has reviewed scores and verified eligibility
  - by the MDSC via email for elementary Full Time and Pull Out programs.
2. Middle school students who are Target students or those with other supporting data and information sources may be placed in **[PROGRAM NAME]** classes by the middle school counselors without formally being admitted to the **[PROGRAM NAME]**. These students may test at the next test period in order to become eligible so as to ensure their placement in **[PROGRAM NAME]** classes in the future.
4. Elementary students for whom the Full Time program placement is not in the best interest of the student may change to Pull Out after parent meetings with both the teacher and the Program Manager. They need to wait a year (12 months) before they can request reinstatement to Full Time and need to do so by going through the MDSC at a regularly scheduled meeting.

Changes in placement generally need to go through a regularly scheduled meeting of the MDSC. All changing of programs/or exiting from a program involves the student, teacher(s), parent, and program manager. At the middle school level it also involves the counselor/liaison. At the

elementary level, all placements in new programming involve the MDSC as well. At the secondary level, all re-placement involves the counselor/liaison.

Students for whom the academic fit of program placement is not in the best interest of the student – may voluntarily become inactive from the program. Inactive students need to then wait a year (12 months) before requesting reinstatement and need to do so by going through the MDSC at a regularly scheduled meeting.

Students who move away and move back need to contact the HCP office and request reinstatement. Reinstatement could occur if space is available. If space is not available, they need to go through MDSC at the next regularly scheduled meeting.

The MDSC also hears appeals for eligibility after winter testing. Appeals may be generated by the teacher, the parents, or the MDSC. Parents and teacher fill out the required Appeal form. When considering appeals, the MDSC is looking for compelling evidence that the student needs highly capable services. The MDSC or the parents may request an appeal of the evaluation results.

All eligible students are placed in one of the Highly Capable Services programs. Parent requests for placement changes are solicited annually and reviewed annually.

The MDSC advises the program manager on program decisions particularly where placement, transportation, boundaries and other interrelated issues arise.

**Conclusion:**

The MDSC, operating within the constraints of the Washington Administrative Code, strives to consider the learning needs of every student who applies for the **[PROGRAM NAME]**, reviewing both objective and subjective data to get as complete a profile as possible for selection and placement. No decision about selection or placement in programming is made unilaterally, but by a team of professionals who strive to ensure to the greatest extent possible fair and equitable consideration of all students applying to, eligible for, and participating in the **[PROGRAM NAME]**.

**Selection Process (Sample 2)**  
**WAC 392-170-055, 070, 075, 076, 080**

**Highly Capable Elementary Program**

At the elementary level, Highly Capable Services are designed for students who are academically advanced or demonstrate high intellectual capability. Successful candidates are often independent learners who thrive on progressively challenging opportunities and utilize advanced problem-solving in-depth study and presentation of curriculum matched to their demonstrated skills and capabilities.

Identified highly capable students are served through a full-time, self-contained program housed at [LOCATION NAME]. The Highly Capable Services classrooms differentiate the strong, standards-based, regular [DISTRICT NAME] curriculum by providing an environment which allows students to identify and solve complex problems, explore concepts in greater depth and complexity, and to develop and create unique products. Using the National Association for Gifted Children Standards, the curriculum, instruction, and pacing is considerably more advanced than a regular classroom.

**Highly Capable Services Program Nomination and Testing Process for Grades K-5**

In order to enter the screening process for Highly Capable Services, the student must currently live in the [DISTRICT NAME] boundaries. A Highly Capable Services referral form must be completed and submitted to:

[DISTRICT NAME]  
Highly Capable Services  
[ADDRESS]

Selection procedures may include nomination form from parents, teachers, administrators, and community members as well as testing of each student. *Written parent permission is required prior to testing.* Nominated students (current grades K-5) will be screened using [ASSESSMENT NAME(S)] at one grade level above the student's current grade. Test administrators are trained to look for barriers to a true picture of a child's cognitive or creative ability, especially for the under-served or under-represented populations of our District. Barriers could be emerging English language, cultural background or any other factor that might distort the test.

**Identification and Placement for Highly Capable Services**

The Multidisciplinary Selection Committee (MDSC) reviews the performance data for all tested students and identifies students who require services beyond the general classroom to be successful. The Committee is assisted by the District Assessment Office to compile and

**WAC 392-170-055, 070, 075, 076, 080**

understand the student's assessment profile. Students' academic achievement data, district assessment records, parent and teacher referral information, report cards, plus any other pertinent information available will be reviewed in the process. Students will not be affected in a negative way if there is a missing test score or other data.

### **Notification Process**

Decision letter will be mailed by [DATE] as to whether the students qualifies for Highly Capable Services. Signed parent permission is required for highly capable placement.

### **Appeal Process**

You do have an option to appeal the MDSC decision if your student did not qualify for Highly Capable Services. There will be a parent meeting the [DATE] to explain the [ASSESSMENT NAME] process and appeal option. Appeal forms will be available at this meeting and online. In order to support the appeal process, please provide [ASSESSMENT NAME] and any other supportive information you would like the committee to consider. The MDSC will review the appeal. The MDSC's appeal decision is final.

### **Exit Highly Capable Services Program**

A student placed in Highly Capable Services whose residence changes to outside the [DISTRICT NAME] boundaries after the start of the school year in September may stay in Highly Capable Services for the remainder of the school year as long as student attends daily. Students who are not successful in Highly Capable Services will be re-evaluated by the MDSC. Prior to any decision to change the student's placement, parents will be notified and have a meeting with the teacher, principal, counselor, and district highly capable services administrator to discuss changes in program services.

**Selection of Most Highly Capable Process**  
**WAC 392-170-075**

The **Multidisciplinary Selection Committee (MDSC)** will review all applications and make one of four determinations:

1. (Qualified Placement) The student qualifies under the criteria of most highly capable and will be placed in the program.
2. (Provisional Placement) The committee is unable to make a determination based on a preponderance of the evidence. The student may be offered, at the discretion of the MDSC, a provisional placement in Highly Capable services. Provisional placements will be reviewed yearly by the MDSC. Additional testing or data may be requested by the committee each year. Provisional students are not considered selected or identified for continuing placement within the program. **[PROGRAM NAME]** provisional students will not be provided transportation out of resident attendance areas.
3. (High Performance Placement) Students who have demonstrated high performance and consistently achieve above grade level, have strong task completion and embrace challenges but for whom the cognitive assessment data does not support qualification for Highly Capable Services. These students may benefit from and contribute to the unique learning environment of a **[PROGRAM NAME]** or accelerated classroom as space is available. Such placements will be reviewed yearly by the MDSC, and high performing students are not considered selected or identified for continuing placement within the program. **[PROGRAM NAME]** high performing students will not be provided transportation out of resident attendance areas.
4. (No Placement) The student's data does not qualify them for Highly Capable Services.

WAC 392-170-075

**PERMISSION TO PLACE IN  
PROGRAM  
FORMS**



**Permission to Place Form (Sample 1)**

**WAC 392-170-047(2), 078**

[DISTRICT NAME]  
**HIGHLY CAPABLE SERVICES**  
[ADDRESS]

Please complete this form and return it by [DATE].

Student's First Name	Middle	Last Name
Current School	Current Grade Level	
Neighborhood School (if different than current school)		

**Parent/Guardian Consent for Highly Capable Services**

I have reviewed the \_\_\_\_\_ [DISTRICT REGULATION] and the curriculum overview for [PROGRAM NAME].

I give permission for my child, \_\_\_\_\_, to participate in [PROGRAM NAME].

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

**Parent Request to Decline Highly Capable Services**

\_\_\_\_\_ No, I do NOT want my child to participate in the [PROGRAM NAME] for the [ACADEMIC SCHOOL YEAR].

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

WAC 392-170-047(2), 078

**Permission to Place Form (Sample 2)**

**WAC 392-170-047(2), 078**

[DISTRICT NAME]

[ADDRESS]

[DATE]

To the Parent(s) or Guardian(s) of:

After reviewing test information for [STUDENT NAME], the [DISTRICT NAME] Multidisciplinary Selection Committee has determined that a need for highly capable services does exist and invites you to register your child at [LOCATION NAME] in the [PROGRAM NAME]. Highly Capable Services are designed for those students with academic needs beyond the scope of the general education classroom. In order to be eligible for highly capable services, students must demonstrate academic need.

Your child's results are reported in the following chart:

[ASSESSMENT NAME]	[ASSESSMENT RESULTS]	

Prospective students and their parents/guardians are invited to visit the Highly Capable Elementary School Program classrooms at [LOCATION] on [TIME, DATE] to learn more about the program and pick up registration materials.

If you decide that your child is in need of an advanced curriculum and capable of working at an accelerated pace and wish to register your child for highly capable services, please contact the [PROGRAM NAME] at [PHONE NUMBER].

If you choose to enroll your child or if you decide you do not wish to have your child participate in [DISTRICT NAME] Highly Capable Services, we ask that you complete the enclosed **Participation Declaration** form and return it to:

[ADDRESS]

Sincerely,  
Supervisor of Highly Capable Services, [DISTRICT NAME]

WAC 392-170-047(2), 078

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## Highly Capable Services PARTICIPATION DECLARATION

To help us determine the enrollment in the [DISTRICT NAME] [PROGRAM NAME] for [ACADEMIC YEAR], please return this form to the appropriate school office at the address given below (*if you are accepting placement*) or mail to [ADDRESS] (*if you are declining or deferring placement*) by [DATE].

Name of Student: \_\_\_\_\_

Current School: \_\_\_\_\_

***Please check the statement which indicates your decision for next year:***

I wish to **decline** placement in the following program for [ACADEMIC YEAR]. *You do not need to complete the rest of the form, but please sign at the bottom.*

I wish to **defer** placement in the following program for [ACADEMIC YEAR]. *You do not need to complete the rest of the form, but please sign at the bottom.*

I am **accepting** placement in the following program for [ACADEMIC YEAR].

\_\_ [PROGRAM NAME]

\_\_ [PROGRAM NAME]

Assigned Highly Capable Services site:

\_\_ [LOCATION 1, ADDRESS]

\_\_ [LOCATION 2, ADDRESS]

\_\_ [LOCATION 3, ADDRESS]

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best Contact Number and/or Email: \_\_\_\_\_

WAC 392-170-047(2), 078

**Permission to Place Form – Small District**  
**WAC 392-170-047(2), 078**

[DATE]

Dear Parent(s)/Guardian(s),

I am pleased to report that your child has qualified for the [DISTRICT NAME] Highly Capable Services. Your child’s assessment data is reported below:

[STUDENT ASSESSMENT DATA]

If you would like your child to participate in this program, please sign below and return to school. If you have any questions, do not hesitate to call me at (phone number).

The selection process, appeals process, program options and exit procedures are attached.

Sincerely,

Program Manager

-----

I give my permission for my child, \_\_\_\_\_, to participate in [DISTRICT NAME] program for highly capable students.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**WAC 392-170-047(2), 078**

**Permission to Place in Pull-Out Program**  
**WAC 392-170-047(2), 078**

**Highly Capable Services**  
**AGREEMENT FOR PARTICIPATION**

In order to officially enroll \_\_\_\_\_ in the Pull-Out Program for the next school year, the attached form must be signed, dated, and returned to:

**Highly Capable Services Manager**  
[DISTRICT NAME]  
[ADDRESS]

*no later than [DATE].* Failure to meet this deadline may result in your child's name being removed from the Highly Capable Services class lists.

I agree to student placement:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student PRINTED Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
[SCHOOL YEAR] School/Grade

Please Sign and Return to:

**Highly Capable Services Manager**  
[DISTRICT NAME]  
[ADDRESS]  
**MUST BE RETURNED BY [DATE].**

WAC 392-170-047(2), 078

**Permission to Place in Full-Time Program**  
**WAC 392-170-047(2), 078**

**Highly Capable Services**  
**AGREEMENT FOR PARTICIPATION**

In order to officially enroll \_\_\_\_\_ in the [PROGRAM NAME] Full-Time Program for the next school year, the attached form must be signed, dated, and returned to:

**Highly Capable Services Manager**  
[DISTRICT NAME]  
[ADDRESS]

*no later than [DATE].* Failure to meet this deadline may result in your child's name being removed from the Highly Capable Services class lists.

I agree to student placement:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student PRINTED Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
[SCHOOL YEAR] School/Grade

Please Sign and Return to:

**Highly Capable Services Manager**  
[DISTRICT NAME]  
[ADDRESS]  
**MUST BE RETURNED BY [DATE].**

WAC 392-170-047(2), 078

**Not Eligible Form**  
**WAC 392-170-055, 076**

[DISTRICT NAME]

[ADDRESS]

[DATE]

To the Parent(s) or Guardian(s) of:

After reviewing test information for [STUDENT NAME], the [DISTRICT NAME] Multidisciplinary Selection Committee has determined your child is not eligible for highly capable services.

The District requirements for eligibility include:

- 
- 
- 

Your child's results are reported in the following chart:

[ASSESSMENT NAME]	[ASSESSMENT RESULTS]	

The [DISTRICT NAME] Highly Capable Services allow for parental appeals of placement decisions for one or more of the following reasons:

- A condition or circumstance believed to have caused a misinterpretation of the evaluation data (i.e., incorrect birthdate or grade level used in calculating the student's scores).
- An inequitable application of the identification criteria (i.e., the applicant's proficiency with the English language).
- An extraordinary and temporary circumstance that negatively affected the validity of the test results (i.e., a traumatic event or physical distress immediately preceding the test).

Appeals submitted for other reasons will be denied without further consideration.

If you wish to appeal this program placement decision, you may submit a letter by **[DATE]** to the:

Highly Capable Services Office  
**[ADDRESS]**

Your letter must include:

- 1) Your child's name, grade and school
- 2) The reason stated for filing an appeal (must be one of the reasons above).
- 3) A recent report card and any state tests and/or district assessments that indicate the test results reported in this letter are not an accurate representation of your child's abilities.
- 4) Additional information to support child needing highly capable services.

All appeals will go before an appeals committee and you will be notified of the decision by **[DATE]**. The purpose of the appeals committee is to consider individual extraordinary circumstances that may have impacted your child's evaluation data. It is the goal of the **[DISTRICT NAME]** to provide all of our students with appropriate academic services.

The decision of the appeals committee is final.

Sincerely,

Supervisor of Highly Capable Services, **[DISTRICT NAME]**

WAC 392-170-055, 076



**APPEAL  
PROCESS**

**Appeal Process (Sample 1)**  
**WAC 392-170-076**

**Appeals**

Anyone can appeal the ineligibility of a student for selection in Highly Capable Services by filling out a request for appeals and getting parent permission. Other documenting data is sought in this process, and it is carefully reconsidered by the Multidisciplinary Selection Committee on an individual basis and based upon accompanying documents and professional judgment. Each year a significant number of students are accepted as the result of appeals.

WAC 392-170-076

## Appeal Process (Sample 2)

**WAC 392-170-076**

### Appeal Process

If the Multidisciplinary Selection Committee does not see an indication of need for highly capable services, the parent(s)/guardian(s) may appeal the decision by submitting documentation (including any available state tests, district assessments, and progress reports) supporting one of the conditions below:

- A condition or circumstance believed to have caused a misinterpretation of the testing results
- An inequitable application of the identification procedures
- An extraordinary and temporary circumstance that negatively affected the validity of the test results.

Letters of appeal must accompany the documentation and contain the student's name, date of birth, school and parent's name and sent to the **[DISTRICT OFFICE]** by the deadline stated on the score report/letter they receive. **School staff may also submit appeals for students.**

In situations where the information did not indicate a need for highly capable services but in the Multidisciplinary Selection Committee's professional opinion believe the student needs additional consideration, the Multidisciplinary Selection Committee may file an appeal on the student's behalf.

The Highly Capable Program Appeals Committee consists of three or more members from the following list - a teacher of the highly capable, an administrator, a school counselor/psychologist, and the Program Supervisor. The Committee will review each appeal and may recommend another assessment or an interview before making a decision. **Teachers are welcome to write a letter on the student's behalf supporting the appeal but are in no way obligated to do so.** If the Highly Capable Program Appeals Committee determines that the referral information does not accurately reflect the students' needs, professional judgment will be applied to determine if a potential need for gifted services is present. **DECISIONS OF THE GIFTED PROGRAM APPEALS COMMITTEE ARE FINAL.**

Parents will be informed of the Highly Capable Program Appeals Committee's decision in writing.

**WAC 392-170-076**

**APPEAL  
FORMS**

**Appeal Packet Form – Parent/Guardian**  
**WAC 392-170-076**

[SCHOOL DISTRICT NAME]

[PROGRAM NAME]

**Appeal Packet**  
**[YEAR]**

**Directions:**

- Any student with test data may pursue an appeal.
- An appeal may be initiated by any interested person on a student’s behalf.
- A student may be appealed more than once.
- [ASSESSMENT NAME] for Teacher and Parent do not need to be completed **IF a [ACADEMIC YEAR] Referral Packet** was submitted.
  - Necessary components of an Appeal include the following:
    - Student Information
    - Student Background – Parent
    - Student Background – Teacher
    - Additional evidence of student achievement (e.g. test scores, report cards), and evidence of extraordinary circumstances may accompany the appeal packet.

**STUDENT INFORMATION**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian’s Work Phone: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Appeal Initiated by: \_\_\_\_\_  
(Name) (Relationship)

DEADLINE: Submit to Highly Capable Services Office by [TIME, DATE].

**NO EXCEPTIONS TO THE ABOVE DEADLINE CAN BE MADE**  
**[PROGRAM NAME, ADDRESS]**

WAC 392-170-076

**STUDENT BACKGROUND – PARENT/GUARDIAN**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

1. Describe the characteristics/behaviors/needs of a highly capable learner that you have observed with your child: \_\_\_\_\_

\_\_\_\_\_

2. Describe your child’s academic progress, interaction with classmates, and special interest areas.

\_\_\_\_\_

3. Describe how the regular curriculum has been modified to meet your child’s special needs: \_\_\_\_\_

\_\_\_\_\_

4. My child’s test performance may have been influenced by: \_\_\_\_\_

\_\_\_\_\_

6. Comments: \_\_\_\_\_

\_\_\_\_\_

**NOTE:** Please attach copies of any supporting documentation which may be helpful to the Selection Committee in determining eligibility.

Parent/Guardian Permission to appeal:

Parent/Guardian Name: \_\_\_\_\_  
First Last

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE:** Submit to your Highly Capable Services office by [TIME, DATE].

**No exceptions to the above deadline can be made.**

**WAC 392-170-076**

**Appeal Packet Form – Teacher**  
**WAC 392-170-076**

[SCHOOL DISTRICT NAME]

[PROGRAM NAME]

**Appeal Packet**  
**[YEAR]**

**Directions:**

- Any student with test data may pursue an appeal.
- An appeal may be initiated by any interested person on a student’s behalf.
- A student may be appealed more than once.
- [ASSESSMENT NAME] for Teacher and Parent do not need to be completed **IF a [ACADEMIC YEAR] Referral Packet** was submitted.
  - Necessary components of an Appeal include the following:
    - Student Information
    - Student Background – Parent
    - Student Background – Teacher
    - Additional evidence of student achievement (e.g. test scores, report cards), and evidence of extraordinary circumstances may accompany the appeal packet.

**STUDENT INFORMATION**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian’s Work Phone: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade \_\_\_\_\_ Teacher: \_\_\_\_\_

Appeal Initiated by: \_\_\_\_\_  
(Name) (Relationship)

DEADLINE: Submit to Highly Capable Services Office by [TIME, DATE].

**NO EXCEPTIONS TO THE ABOVE DEADLINE CAN BE MADE**  
**[PROGRAM NAME, ADDRESS]**

WAC 392-170-076

**STUDENT BACKGROUND – TEACHER**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

1. Describe the characteristics/behaviors/needs of a highly capable learner that you have observed with this student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe this student’s academic progress, interaction with classmates, and special interest areas:  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe the regular curriculum has been modified to meet this student’s special needs within the regular classroom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe which **[PROGRAM NAME]** you would recommend for this student and why:  
\_\_\_\_\_  
\_\_\_\_\_

5. Test performance may have been influenced by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Feel free to attach copies of the most recent report cards, ORI/DRP/ITBS, etc. test data, and any other supporting documentation.

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEADLINE:** Submit to the Highly Capable Programs office by **[TIME, DATE]**.

**No exceptions to the above deadline can be made.**

WAC 392-170-076



**Appeal Teacher Memo**  
**WAC 392-170-076**

**[DISTRICT NAME]**

**Memo**

To:

From:

Date:

Re: Appeal for Highly Capable Services Testing for **[STUDENT NAME]**

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We have received a request for an appeal of test results and selection for Highly Capable Services. Please complete the attached Student Background portion.

The Multidisciplinary Selection Committee looks for compelling evidence of giftedness when considering appeals. This might be a student work sample, test data, report card copy, etc. Feel free to include any of this when you send back the Student Background.

Please return them to **[LOCATION]** by **[TIME, DATE]**.

Thank you for taking the time to assist in this process. We know your plate is full, and appreciate your cooperation in the appeals process. Please call **[PHONE NUMBER]** if you have any questions.

**WAC 392-170-076**

**Appeal Approved Form**  
**WAC 392-170-076**

[DISTRICT NAME]

[ADDRESS]

[DATE]

To the Parent(s) or Guardian(s) of:

The [DISTRICT NAME] Highly Capable Services Appeals Committee recently met to consider the appeal for highly capable services submitted on behalf of [STUDENT NAME]. After a careful review of the documentation submitted and other available district data (i.e., teacher review, MSP, MAP, and past test scores), the Committee has determined that a need for highly capable services does exist and invites you to register your child in the [PROGRAM NAME] at [LOCATION NAME AND ADDRESS].

Highly Capable services are designed for those students indicated as highly capable whose academic needs are beyond the scope of the general education classroom. If you would like to accept placement in the [PROGRAM NAME], please contact [CONTACT NAME & PHONE/EMAIL] in the [LOCATION NAME] for registration information.

If you choose to enroll your child or if you decide you do not wish to have your child participate in [DISTRICT NAME] Highly Capable Services, we ask that you complete the enclosed **Participation Declaration** form and return it to:

[ADDRESS]

Thank you for taking the time to submit information to help the Committee make this important decision.

Sincerely,

Supervisor of Highly Capable Services, [DISTRICT NAME]

WAC 392-170-076

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**Highly Capable Services  
PARTICIPATION DECLARATION**

To help us determine the enrollment in the [DISTRICT NAME] [PROGRAM NAME] for [ACADEMIC YEAR], please return this form to the appropriate school office at the address given below (*if you are accepting placement*) or mail to [ADDRESS] (*if you are declining or deferring placement*) by [DATE].

Name of Student: \_\_\_\_\_

Current School: \_\_\_\_\_

***Please check the statement which indicates your decision for next year:***

I wish to **decline** placement in the following program for [ACADEMIC YEAR]. *You do not need to complete the rest of the form, but please sign at the bottom.*

I wish to **defer** placement in the following program for [ACADEMIC YEAR]. *You do not need to complete the rest of the form, but please sign at the bottom.*

I am **accepting** placement in the following program for [ACADEMIC YEAR].  
\_\_ [PROGRAM NAME]  
\_\_ [PROGRAM NAME]

Assigned Highly Capable Services site:  
\_\_ [LOCATION 1, ADDRESS]  
\_\_ [LOCATION 2, ADDRESS]  
\_\_ [LOCATION 3, ADDRESS]

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best Contact Number and/or Email: \_\_\_\_\_

WAC 392-170-076

**Appeal Denied Form (Sample 1)**  
**WAC 392-170-047(2), 076**

[DISTRICT NAME]

[ADDRESS]

[DATE]

To the Parent(s) or Guardian(s) of:

The [DISTRICT NAME] Highly Capable Services Appeals Committee recently met to consider the appeal for highly capable services submitted on behalf of [STUDENT NAME]. Highly capable services are designed for those students indicated as highly capable through cognitive and academic testing and superior academic performance whose academic needs are beyond the scope of the general education classroom.

After a careful consideration of the evidence and rationale you provided for the appeal (report card, state/district assessments), teacher input solicited by the Committee, and test scores on district and state assessments available to the Committee, in conjunction with [STUDENT NAME] test scores, the Appeals Committee has determined **not to reverse the previous placement decision**. The Committee has determined that [REASON APPEAL DENIED]. [STUDENT NAME] will continue in the general education classroom next fall. The decision of the Appeals Committee is final.

Thank you for taking time to submit information to help the Committee make this important decision.

Sincerely,

Supervisor of Highly Capable Services, [DISTRICT NAME]

WAC 392-170-047(2), 076

**Appeal Denied Form (Sample 2)**  
**WAC 392-170-047(2), 076**

[DISTRICT NAME]

[ADDRESS]

[DATE]

To the Parent(s) or Guardian(s) of:

The Highly Capable Programs' Multidisciplinary Selection Committee (MDSC) met on [DATE] to determine placement and services in next year's Highly capable Program classes. The Washington Administrative Code requires selection of students who are most highly capable based upon assessment data. Placements for the requested services and classrooms were based upon student data.

In determining the eligibility of students being appealed, the MDSC based its decision upon the following:

- Evidence of complex thinking ability
- Evidence of accelerated learning
- Evidence of the need for accelerated pacing, complexity in the curriculum, and interaction with intellectual peers
- Probability of success
- Evidence of the characteristics and behaviors of giftedness
- Achievement data
- Classroom performance
- Potential benefits to the student

After a thorough review of all data submitted through the appeal process, the MDSC determined that at this time, your child does not need highly capable services. Therefore, the appeal was not granted. This decision by the MDSC is final, however, your student is welcome to test again for placement next winter for the following school year.

Please feel free to call my office at [PHONE NUMBER] should you have any questions/concerns.

Sincerely,  
Highly Capable Programs Manager

WAC 392-170-047(2), 076

**Appeal Denied Form (Sample 3)**  
**WAC 392-170-047(2), 076**

**[DATE]**

To the Parent(s) or Guardian(s) of \_\_\_\_\_:

Having received your appeal regarding \_\_\_\_\_ and your request for placement in **[DISTRICT PROGRAM NAME]**, the Appeals Committee was convened to review your collection of evidence and consideration of your request.

According to the **[DISTRICT NAME]** Board Regulation regarding *Programs for Highly Capable Students*, the Appeals Committee shall review the appeal and determine the appropriate action from the list below:

- Continued denial for entry into program based on data presented
- Request for further testing prior to a final decision (elementary students only)
- Request for further information and/or data prior to a final decision
- Change of status to qualified

After reviewing the additional data, members of the Appeals Committee maintain that the best placement for **[STUDENT NAME]** is in the general education classroom.

We appreciate your interest in your child's education and want to encourage you to stay involved in his/her education. Your encouragement and support will be critical to **[STUDENT NAME]**'s continued success.

Sincerely,

Highly Capable Programs Manager

WAC 392-170-047(2), 076

**CHAPTER 2:**  
**Programs and Services**

**Program Services**



**HCP Services/Programs, Grades K-12 Continuum  
From OSPI Highly Capable Program Plan  
WAC 392-170-078, 080**

<b>Regular Classroom-Based Services/Programs (CEDARS Gifted Value 32)</b>
Curriculum Compacting
Differentiated Instruction
Enrichment
Flexible or Cluster Grouping
Independent Projects
Supplemental Instruction in Area of Interest
Other
Specify Other:

<b>Unique HCP Services/Programs (CEDARS Gifted Value 33)</b>
Self-Contained Classroom
Pull-Out Program
Specialty Online Course(s)
Other
Specify Other:

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<b>Acceleration Services/Programs (CEDARS Gifted Value 34)</b>
Advanced Placement (AP)
Cambridge AICE
Concurrent/Dual Enrollment
Credit by Examination
Early Entrance Middle School, High School, or College
Grade Level Advancement
Honors
International Baccalaureate (IB)
Online Course(s) for subject acceleration
Running Start Subject Acceleration
Other
Specify Other:

<b>Non-Traditional Services/Programs (CEDARS Gifted Value 34)</b>
Mentorship
Collaborative Partnership with Industry
Cooperative Arrangement with ESD
Cooperative Arrangement with Other District(s)
Academic Competitions
Summer Enrichment/Acceleration
Before/After School Services/Program
Other
Specify Other:

WAC 392-170-078, 080

**Program Services District Exemplar 1**  
**WAC 392-170-078, 080**

**District Service Options for Identified Highly Capable Students**

**Part Time Grouping:** [DISTRICT NAME] has adopted the Schoolwide Enrichment Model developed by Dr. Joseph Renzulli. Enrichment opportunities are planned at various levels to introduce students to new experiences and ideas (Type I), develop the skills necessary to reach their goals as they pursue their interests and talents (Type II), or complete an in-depth investigation for an authentic audience (Type III). Students who have a demonstrated talent in a particular area are served in pull-out classes by the Enrichment Specialist.

**Advanced Subject Placement:** Qualified math students enroll in Pre-Algebra in 6<sup>th</sup> grade and progress through AP Calculus or AP Statistics in high school.

**Advanced Grade Placement:** Based on the [ASSESSMENT NAME], students may qualify for early entrance to Kindergarten or whole-grade acceleration.

**Independent Study:** Students contract to complete specific work or projects, usually under the direction of a mentor teacher.

**Honors Classes:** Classes that offer greater depth, complexity and a faster pace.

**Advanced Placement:** Formal curriculum developed by the College Board for which high school students can complete a course and take the exam for college credit.

**Cluster Grouping:** A group of four to eight identified gifted students are placed together in a mixed-ability classroom with a teacher who has had training in how to teach highly capable students.

**Administration:** [DISTRICT NAME] funds a full-time program administrator.

WAC 392-170-078, 080

### **Curriculum and Instruction Differentiation**

In all pull-out options conducted by Enrichment Specialists, the curriculum is differentiated in pace and complexity. In the general classroom, the curriculum is compacted and the Enrichment Specialist monitors student work weekly. All staff members have been exposed to differentiation strategies through various presentations at staff meetings and trainings. They can also observe demonstration lessons offered by the Enrichment Specialist. In addition, a voluntary class on Differentiation Strategies has been offered numerous times in the district.

**Middle School [PROGRAM NAME]:** This voluntary program has the following goals: success in academics, citizenship, participation in school, community or family service, participation in school or community activities and/or sports, development of leadership skills, and career exploration.

### **Description of Educational Program**

All identified students are listed in a database that indicates the area(s) in which they qualified and the services being provided. Each option has documentation describing the services.

WAC 392-170-078, 080

## Program Services District Exemplar 2

**WAC 392-170-078, 080**

[DISTRICT NAME]

### Program Services and the Highly Capable K-12 Continuum

**Grade K-8:** Grade K students are served in the regular classroom through differentiation by the classroom teacher. The screening process for the [ELEMENTARY PROGRAM NAME] and [MIDDLE SCHOOL PROGRAM NAME] programs start in the fall. Some students in grades K-8 who qualify for highly capable services opt out of the full-time programs and receive differentiated services or accelerated subject placement in the regular program.

**Grades 1-6:** Options include a full time, self-contained district magnet program – [ELEMENTARY PROGRAM NAME]. Students are identified according to state and district guidelines. The process, product, and content are differentiated in classes that can be split classes (depending on enrollment). All students who qualify and accept are placed in [ELEMENTARY PROGRAM NAME] grades 1-6.

**Grades 3-5 Math:** We are proponents of math taught with NCTM standards and WA State Math Learning Standards, so we do a lot of number sense/other strands/explaining thinking/reasoning and communication. We try to incorporate the more traditional computational focus by a one-day a week math group which focuses on operations and number sense. Pre-tests and math inventories are used to group these students at the various skill levels. We emphasize problem solving with Continental Math League and Math Olympiads.

**Grade 6:** Students are pre and post tested for grouping in Math-Science. The [MATH PROGRAM NAME] is the adopted base curriculum, and the levels used are differentiated according to the group a student needs. Students move between groups as they progress. Math Olympiad supports the curriculum. There is a strong project and diversity of culture based curriculum. The 5th and 6th grade students also participate in drama, music productions, Robotics and STEM.

**Grades 7-8:** Options include a continuum of highly capable services in our full-time gifted middle school program. Classes include Humanities (English and Social Studies, Science, and Advanced Math). Highly capable students are pre-tested in math for placement only. 7-8 math: Most students are challenged by our 7th grade math course. We currently use our newly adopted [MATH PROGRAM NAME] curriculum. Students desiring an even more challenging program may apply and test for Accelerated Math placement. Pre-AP/IB curriculum is used. The arts, languages, science, STEM and a variety of electives are available. Highly capable student learning plans are provided by the [ELEMENTARY PROGRAM NAME] 6<sup>th</sup> grade teacher 7<sup>th</sup> and 8th grade building-based placement assessments will be considered in determining the most appropriate placement. The curriculum and instruction are Honors level and are pre-AP/IB

WAC 392-170-078, 080

in nature. **Grades 9-12: Honors** courses in grades 9-10 and International Baccalaureate in grades 11-12 are the [DISTRICT NAME] high school continuum for identified highly capable students.

**Grades 9-10:** Honors and Advanced Math/Science classes provide a differentiated curriculum and instruction service for identified gifted students as well as a broader range of high ability students who may not have been identified. Teachers work together to calibrate their instruction to meet Pre-AP IB and STEM standards. The [MIDDLE SCHOOL PROGRAM NAME] Task Force has focused on bridging the gap from elementary [ELEMENTARY PROGRAM NAME] to [MIDDLE SCHOOL PROGRAM NAME] to AP/IB level courses. Instruction also focuses on eliminating the barriers for underachieving gifted students before they reach the AP/IB/STEM level.

**Grades 11-12: IB** (District Identified Program for all eligible highly capable students)  
The International Baccalaureate Diploma Program is a demanding pre-university course of study designed for highly motivated secondary school students. Differentiation in student work leads to required examinations and has earned a reputation for rigorous assessment, giving IB diploma holders access to the world's leading universities. Qualified hi-cap IB students are required to participate in a full IB program or a minimum of 4 IB classes each semester for four years and must take the IB exams to have IB noted on their transcript. IB instructional training is received by all IB teachers. The use of UBD and differentiation of process, product, and content is imbedded in the professional development for teachers.

**Grades 11-12: AP** (Advanced Placement) at all high schools  
Advanced Placement courses are college level classes offered in the high school. The classes follow a rigorous curriculum developed by the College Board and students are prepared to take a national standards referenced exam that results in credit or higher placement at US Colleges and Universities worldwide. A variety of AP classes are offered at each high school. Students normally take AP classes at grades 11 and 12 with a few offered in 10<sup>th</sup> grade. There is no minimum number of AP classes required. Collaboratively analyzing and scoring student work for the AP exams helps calibrate the instruction needed to differentiate for the needs of students.

**Grades 11-12: STEM** (Science, Technology, Engineering, Math)  
Students will choose their own advanced STEM Program of Study from three STEM Pathway Options and complete a Senior Project related to and reflecting on their learning in the chosen STEM Pathway. STEM will be another rigorous curriculum option for our identified gifted students as well as a broader range of high ability students who may not have been identified. STEM will provide opportunities for highly capable students to earn college credit and a STEM diploma. Teachers are trained in STEM process, product, and differentiation of students.

WAC 392-170-078, 080

**Program Services District Exemplar 3**  
**WAC 392-170-078, 080**

**[DISTRICT NAME]**

**Program Options for Highly Capable Services**

In kindergarten, the program consists of 50 minutes once a week of pull-out enrichment. In first and second grade, students are served in a pull-out enrichment class, held weekly for 65 minutes. Differentiated reading groups are available in both first and second grade.

In third and fourth grade, the program consists of a two and one half hour enrichment block once a week. We complete in-depth units which are interdisciplinary in nature. In addition there are math differentiation opportunities in the regular classroom, as well as differentiated reading groups.

In fifth and sixth grade, the program consists of one period per day of an Honors math class and an Honors reading class. Math acceleration and compaction options are available to students who meet the criteria.

In seventh and eighth grade, identified students are in the program daily, participating in an integrated language arts/ humanities program if the student is reading at the **[PERCENTILE LEVEL]** or above. This course teaches thinking skills and provides relevant enrichment. Students identified as highly capable in math may, if they meet the criteria, enroll in a more advanced math class.

In all the above grades, whole grade acceleration is available for students for whom it is deemed appropriate.

In high school, highly capable students have the opportunity to participate in advanced English courses, Advanced Placement and/or College in the High School classes, and advanced science and math courses. The vocational department offers students opportunities to excel in such areas as technology and business education.

**WAC 392-170-078, 080**

**Program Services  
Forms**



**Student Profile Form**  
**WAC 392-170-078**

**Profile Card**

**Student Name:** \_\_\_\_\_ **Beginning Grade:** \_\_\_\_\_  
**Gender:** \_\_\_\_\_ **Beginning Year:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Original Placement:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Neighborhood School:** \_\_\_\_\_  
**Program Location:** \_\_\_\_\_

**COGAT**

**SAS**

**Percentile**

**ITBS**

**Percentile**

**Verbal**  
**Quantitative**  
**Non-Verbal**  
**Composite**

**Reading**  
**Language**  
**Math**  
**Composite**

Program Services by year and date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAC 392-170-078

**PERMISSION TO EXIT  
PROGRAM  
FORMS**

**Exit Form**  
**WAC 392-170-047**

**HIGHLY CAPABLE SERVICES**  
**[ADDRESS]**

**PARENT REQUEST FOR WITHDRAWAL FROM**  
**[PROGRAM NAME]**

<b>STUDENT'S NAME</b>		<b>DATE OF BIRTH</b> M/D/Y		
<b>REGIONAL SCHOOL</b>		<b>GRADE LEVEL</b>	Male	Female
<b>TEACHER</b>		<b>NEIGHBORHOOD SCHOOL</b>		

Please withdraw my child from **[PROGRAM NAME]**.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Reason for Withdrawal:

WAC 392-170-047

**CHAPTER 3:**  
**Program Evaluation**

**PROGRAM EVALUATION  
PROCESS**

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**Program Evaluation Process**  
**WAC 392-170-087**

**Program Evaluation**

Annually:

- Surveys are sent to parents, staff, and students. Results are tallied, and comparisons made in terms of trends, areas needing focus, etc. This information is shared with staff and with the HCP Advisory Committee, which is made up of parents, and staff. It is kept on file.
- State testing data is reviewed by the HCP Manager, compiled and shared with staff and the HCP Advisory.

Periodically staff share classroom data as a part of ongoing professional development.

WAC 392-170-087

**PROGRAM EVALUATION  
FORMS**

**CHAPTER 4:**  
**Other Supporting Documents**



**Professional Development  
Resources**

**Professional Development Resources**  
**WAC 392-170-090(4)**

**PROFESSIONAL DEVELOPMENT RESOURCES**

**Professional Organizations**

- National Association of Gifted Children (NAGC)  
<http://www.nagc.org/>
- Supporting Emotional Needs of the Gifted (SENG)  
<http://www.sengifted.org/>
- Washington Association of Educators of the Talented and Gifted (WAETAG)  
<http://www.waetag.net/>
- University of Washington Robinson Center for Young Scholars  
<https://robinsoncenter.uw.edu/>
- Whitworth University – Center for Gifted Education  
<http://www.whitworth.edu/Academic/Department/Education/CenterForGiftedEducation/home.html>
- Washington Educational research Association (WERA)  
<http://www.wera-web.org/>
- Edufest  
<http://www.edufest.org/>

**Professional Journals**

**Research Journals**

- Gifted Child Quarterly  
<http://www.nagc.org/index.aspx?id=979#>
- Roeper Review  
<http://www.roeper.org/page.aspx?pid=1222>
- Teaching for High Potential  
<http://www.nagc.org/thp.aspx>
- Journal for Education of the Gifted  
<http://www.sagepub.com/journals/Journal202068>

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- Journal of Advanced Academics  
<http://joa.sagepub.com/>

### **Practitioner Journals**

- Parenting for High Potential  
<http://www.nagc.org/index.aspx?id=1180>
- Gifted Child Today  
<http://gct.sagepub.com/>
- Understanding our Gifted  
<http://www.ourgifted.com/>

WAC 392-170-090(4)

**District Web Site Links**

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**DISTRICT WEB SITE LINKS**

**Bellevue School District**

<https://www.bsd405.org/about-us/departments/student-services/gifted-education.aspx>

**Edmonds School District**

<http://www.edmonds.wednet.edu/highlycapable>

**Evergreen School District**

<http://www.evergreenps.org/SchoolInfo/Pages/EXCEL.aspx>

**Newport School District**

<http://www.newport.wednet.edu/domain/13>

**Puyallup School District**

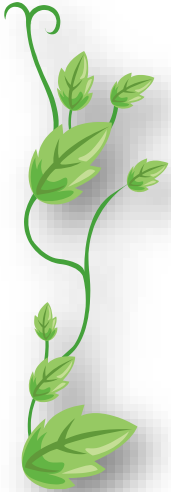
[http://www.puyallup.k12.wa.us/pages/Puyallup\\_School\\_District/Departments/Instruction\\_Learning\\_new/Highly\\_Capable/News/Highly\\_Capable\\_Program](http://www.puyallup.k12.wa.us/pages/Puyallup_School_District/Departments/Instruction_Learning_new/Highly_Capable/News/Highly_Capable_Program)

**Wenatchee School District**

<http://home.wsd.wednet.edu/?q=content/highly-capable-program-hicap-new-name-enrichment-program>

# Editor Biographies

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**Charlotte Akin, M.Ed.** has taught for over twenty years in general education classrooms as well as classrooms for gifted children, including cluster grouping, pull out classrooms, and self-contained classrooms. She is a retired Manager of Highly Capable Programs in Evergreen Public Schools. Concurrent with work in the public school system, she was a founding partner of the Center for Dynamic Education, LLC that offered a graduate credit summer institute through Portland State University and Seattle Pacific University for educators in the field of gifted education as well as consulting services in Washington and Oregon from 1999 - 2008. She is currently President of the Washington Association of Educators of Talented and Gifted (WAETAG) and has a consulting business devoted to gifted education. In 2012-13 she built a collaborative project designed to train a cadre of experienced teachers to offer professional development in Highly Capable throughout Washington through the Educational Service Districts (ESDs). Charlotte is a published author and speaker in multiple forms and fields including gifted education. She has received several awards including Washington Education Association "A Teacher to Remember" 1998, National Honor Roll's America's Outstanding Teachers 2005, and the WAETAG Leadership Award 2006.

**Rachel U. Chung, M.Ed.** is a Ph.D. Prospective Candidate in the College of Education at the University of Washington and a Pre-doctoral Research Associate at the Halbert and Nancy Robinson Center for Young Scholars. She received her B.A in Psychology from the University of Texas at Austin, and her M.Ed. in Counseling Psychology from Washington State University. She is certified in the State of Washington as a school counselor and has over ten years of combined experience teaching and advising K-12 students. Her research interests are best described as an intersection between gifted education, mental health, and immigrant issues. More specifically, she is interested in the use of acceleration as an educational intervention, the influence of parental expectations on motivation, achievement, and decision making for gifted students, the effects of the gifted label on student identity and psychological wellbeing, and improving educational equity and access for gifted low-income and/or immigrant populations.

**Dr. Nancy Hertzog** is Professor in the area of Educational Psychology at the University of Washington, and the Director of the Halbert and Nancy Robinson Center for Young Scholars. She has an extensive background in gifted education and expertise on curriculum development. Her masters degree in gifted education is from the University of Connecticut under the mentorship of Joseph Renzulli, and her Ph.D. is in special education from the University of Illinois. From 1995-2010 she held a faculty position in the Department of Special Education and directed University Primary School, an inclusive early childhood setting that serves children from preschool through first grade at the University of Illinois at Urbana-Champaign. Her primary area of interest relates to ways that teachers engage and challenge all students. Currently, Dr. Hertzog's research focuses on how teachers differentiate their instruction to address the diverse needs of their students. She is the author of two books, and has published in the *Journal of Curriculum Studies*, *Gifted Child Quarterly*, *Journal for the Education of the Gifted*, *Roepers Review*, *Teaching Exceptional Children*, *Early Childhood Research and Practice*, and *Young Exceptional Children*.