**Oakesdale Highly Capable Program**

Oakesdale School District #324 has established guidelines for identifying students eligible for Highly Capable Services. The district defines highly capable students as:  
  
Definition: Oakesdale School District #324 defines Highly Capable students as those persons whose educational abilities, talents, and potential for accomplishment are so outstanding that they require special provisions to meet their educational needs. HiCap students may display capability of high performance in any of these areas:  
• General intellectual ability  
• Specific academic aptitude  
• Creative or productive thinking

Purpose: Students are referred to the HiCap program with the intent of providing every student with an education appropriate to their needs. It is our school’s mission to allow all students to develop their personal potential and make adequate yearly progress commensurate to their abilities.   
  
Procedures

NOMINATION:  
The nomination process for inclusion (and/or exclusion) from services for the highly capable is as follows:  
• Referrals can be made by teachers, other staff, parents, students, and members of the

community by accessing and completing the appropriate forms. (WAC 392-170-045)  
• Annually, the district will notify the public (parents and students) in multiple ways in the

appropriate languages of any major identification activity. (WAC 392-170-038)  
• Clear, current data and evidence will be taken into account to screen students for

eligibility. As indicated by WAC 392-170-055, students may also be found to be ineligible

for services.

IDENTIFICATION, ASSESSMENT and SELECTION  
• Assessment will be based upon a review of each student’s capability as shown by

multiple criteria and multiple assessments. There is no single prescribed method for

identification.  
• Oakesdale School District has a clearly defined, written process.   
• Students will be assessed by qualified district personnel. (WAC 392-170-055)  
• Multiple objective criteria for identification of students who are among the most highly

capable. There is no single method for the identification. (WAC 392-170-055)  
• All tests and other evaluation materials used in the assessment will be valid and reliable.

(WAC 392-170-060)  
• The final selection will be based upon the decision of the multidisciplinary committee.  
• As specified in WAC 392-170-075, the policies and procedures used in the selection of

the most highly capable will not violate federal and state laws; will be based on

professional judgment as to which students will benefit the most from inclusion in the

district’s program; and on a selection process that is based on data and other evidence.

(WAC 392-170-075)

SCREENING and PLACEMENT:

• Once a student has been tested, data is compiled and forwarded to an identification and

placement committee that determines eligibility for gifted services. Criteria for selection

include a combination of:  
• Academic achievement  
• Achievement test scores  
• Teacher recommendations  
• Parent checklist of behaviors  
• Ability test scores  
• Audition or portfolio (visual and performing arts programs)  
• Parents or guardians are notified of the committee's decision by letter.  
  
APPEAL PROCESS:

• The committee's decision may include:  
o upholding the original decision of the Identification and Placement Committee;  
o reversing the decision of the Identification and Placement Committee; or  
o gathering additional or updated data.  
• The parents or guardians will be informed of the appeal committee’s decision by letter. Requests for appeals for admission to are first addressed by the principal.  
  
For questions, contact Mr. Jason Reed, Highly Capable Program Coordinator at 509-285-5296 or jreed@gonighthawks.net. 

INITIAL SCREENING REFERRAL

Use of all or a combination of some of the following: Teacher Observations, Approved Standardized Individual or Group Intelligence Test, Standardized Normed Achievement/Aptitude Tests, Placement Tests, Grades, Schoolwork, or Other Documentation. Showing need on 3 or more out of five equally weighted indicators may demonstrate need for HiCap services.

1. All K, 3, 5, 8 grade students during the first quarter of each school year (use COGAT, state assessments, school assessments (AR, Moby), and a body of evidence
2. Need based documentation compiled by the teacher and HC coordinator and given to the principal.
3. Review team reviews the information
   1. If student needs **will be** served by the Highly Capable program through an advanced learning plan (ALP). To be completed and implemented, reviewed annually with evaluation of adequate yearly progress.
   2. If student does not qualify for the HC program, they will be served in the regular program and placed on a watch list for future screening.

New students entering the district will follow the same screening criteria described above.

Teacher, parent, and/or student referrals (including students younger than third grade)

1. Documentation to the principal and review team (only if the student was specifically referred by the parent, student, and/or teachers).
2. Same process as above

Parent Permission Form

Oakesdale School District

Program for Highly Capable Students

Your child has recently been nominated for involvement in Oakesdale School District’s program for highly capable students.

Parental permission must be obtained in writing before the district can conduct assessments to determine eligibility for participation in programs for highly capable students.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip: \_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: Please read and sign below.

*I would like my child to be considered for Highly Capable Program services, I understand that placement is determined by multiple objective criteria, including teacher and parent recommendations, academic achievement in the classroom, district testing, evidence of highly capable learning characteristics, and cognitive test scores. I understand that the cognitive abilities testing will be completed by the classroom teacher, assessment team, and/or school psychologist. I understand that the screening and/or selection process may eliminate my child for acceptance into this program.*

Please check all that apply:

\_\_\_\_ I give permission to test my child for Highly Capable Program (HCP) services

\_\_\_\_ If my child qualifies, I give permission to place my child in appropriate HCP services, with the understanding that I may exit my child at any time by submitting a signed exit form, available from the HCP Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**Oakesdale Highly Capable Program Parent Questionnaire**

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

Dear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We want to find out more about your child in order to do a thorough job with assessing need for enrichment services in the Highly Capable program. Please consider the following items as they best describe your child. Please return the questionnaire to the HCPcoordinator no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please check the most appropriate response for your child. Give examples.

**Does your child:**

1. Have an unusual memory? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Learn rapidly? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Ask complex questions? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have a vivid imagination? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Reason well? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Have an extensive vocabulary? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Show an unusual ability in mathematics? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Become preoccupied with his / her interests? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Have a sophisticated sense of humor? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Question authority? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Have a high degree of personal sensitivity? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Display perfectionism? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Show compassion for other? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Have a great deal of energy? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Have a keen sense observation? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Find many things interesting? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Prefer the company of older children or adults? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Ask a lot of questions; wants to know how or why? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Appear to be a leader rather than a follower? \_\_\_\_ Yes \_\_\_\_No \_\_\_\_ Don’t Know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continuum of Instruction and Program Evaluation**

Consistent with its commitment to effectively meeting the needs of our Highly Capable Students, OSD will make a variety of appropriate program services available to students who participate in the district's program for such qualified students. Once services are started, a continuum of services will be provided to the student from K-12. OSD will periodically review services for each student to ensure that the services are appropriate. (**WAC392-170-078)**

**K-2**

• Kindergarten • 1st & 2nd Grades: Accelerated Reader for additional reading skills curriculum and Moby Max, IXL for additional math skills curriculum.

• Inquiry & Project Based Learning

• Integration of Technology for Accelerated Learning

**3-5**

• Differentiated instruction and accelerated curriculum based on student abilities.

• Accelerated Reader for additional reading skills curriculum, Moby, and IXL for additional math skills curriculum.

• Inquiry & Project Based Learning

• Integration of Technology for Accelerated Learning

**6-8**

• Accelerated Curriculum – Science, Math, & ELA

• Differentiated Instruction

• Algebra at 8th Grade

• Inquiry & Project Based Learning

• Integration of Technology for Accelerated Learning

Classes taught at the PreAP level with Pre AP technology methods

**9-12**

• Differentiated instruction within the classroom

• Running start is available to eligible 11th and 12th grade students

• AP courses

• Online Classes

• Acceleration and mentorships such as work-based learning and other options addressing student needs

• Mentor assigned to each identified student for their high school career to guide them in class, career, and educational options available

**Program Evaluation**

The elementary Highly Capable Program is evaluated on a yearly basis in several ways. Parents are provided opportunities to provide feedback regarding their child’s experience in the Highly Capable Program and students’ performance on the state assessment is monitored in grades four and five to insure they are meeting the required learning standards in reading and mathematics. A student's’ third grade CogAT results are compared to their results on the CogAT assessment in the spring of their fifth grade year as well as students’ results on the science portion of the state's Measurement of Student Progress exam are analyzed to determine the level of the program's success.

**Identification**

Specifically, the Oakesdale School District will evaluate the assessment tools used as part of the collection of evidence for identification and qualification for Highly Capable services. Currently, use of state assessments, AR, Moby,, and the CoGAT serve as the primary formal assessment measures within the body of evidence. With the changes in the state assessment system to the SBAC, and with the uncertainty related to the student performance surrounding this assessment, it will be very important to have other measures related to standards based assessment. This will be an area of constant evaluation, and likely adjustment due to the continuous changes in the state assessment system.

**Meeting the Academic Needs of Students and Student Achievement**

Current practice at the middle and high school level where we currently have students identified has students taking advanced grade level coursework and also entering into Advanced Placement courses at the high school level. Teacher feedback will be a primary source of feedback in determining the success of students, in addition to seeking feedback from the students. These courses, such as an 8th grade student taking Geometry, are also measured by the End of Course exam. A student earning a 3 or 4 on the EOC would be an indicator of having their needs be met; this information along with other classroom data (assignments, assessments, teacher observation) would be part of the body of evidence.

Participants in the program evaluation will include the superintendent/principal, grade level advisor, and appropriate content area/grade level teachers. Not only will specific student performance be evaluated as part of the program evaluation, but the program itself will be evaluated based largely on student achievement. Methods of improvement for any aspect of the program will be determined on need; this is not something that can be done until the end of the school year, when students have completed coursework, and the entire process has been completed for a given school year.

Specific data to be evaluated will include:

-formal assessment data (state, MAPs)

-classroom assessments and assignments

-teacher evaluation of program, service capabilities-will be in the form of discussion based on specific student achievement

-parent and student feedback

This evaluation will occur in June of each school year.

Student Referred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

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

Referred by (check one)

\_\_\_\_\_\_\_ Parent \_\_\_\_\_\_ Teacher \_\_\_\_\_\_ Student \_\_\_\_\_\_\_\_Community Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name Teacher Name

**Person making the referral**: Please record information in any of the following areas that might be of assistance.

I. Why are you referring this student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. Describe this student’s classroom performance.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III. What do you see as this student’s greatest needs with regard to their educational program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV. Is there evidence available that will help demonstrate need for additional services? What evidence?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this completed form to the highly capable coordinator, Jason Reed.

**Review Team Evaluation**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Members of Review Team:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Criteria used to establish need in review of Body of Evidence**

\_\_\_\_\_CoGAT testing indicates performance at 90 percentile or higher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Behavioral observations (teacher and/or parent observations) indicate a possible profile of high capability

\_\_\_\_\_Intelligence testing and/or aptitude testing indicates outstanding potential

\_\_\_\_\_Academic history indicates advanced work in one or more areas

\_\_\_\_\_Tested as Advanced on state assessments in one or more subjects

\_\_\_\_\_Student is underachieving but there is indication of high potential in one or more area

\_\_\_\_\_Student has IQ in the advanced range (125 or higher)

\_\_\_\_\_Student data indicates need for HiCap services

\_\_\_\_\_Student data does not indicate need for HiCap services

**Highly Capable Program Teacher Questionnaire**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please consider the following items as they best describe this student. Please return the questionnaire to the Highly Capable coordinator no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please check the most appropriate response for this student. Give examples when necessary.

| **Characteristic** | Not true | Unsure | True | Very True |
| --- | --- | --- | --- | --- |
| Good problem solving ability or abstract  thinking ability |  |  |  |  |
| Learns rapidly |  |  |  |  |
| Good visual memory |  |  |  |  |
| Is mature for age at times |  |  |  |  |
| Good imagination |  |  |  |  |
| Keen sense of observation |  |  |  |  |
| Shows ability with numbers and/or puzzles |  |  |  |  |
| Sophisticated sense of humor |  |  |  |  |
| High degree of energy |  |  |  |  |
| Interested in many things |  |  |  |  |
| High degree of intensity |  |  |  |  |
| High degree of sensitivity—for self or others |  |  |  |  |
| Perseverant when interested |  |  |  |  |
| Extensive vocabulary for age |  |  |  |  |
| Asks many questions; wants to know how/why |  |  |  |  |
| Ability to handle class work at advanced level |  |  |  |  |
| Is easily bored or uninterested |  |  |  |  |
| Would benefit from HCP programming |  |  |  |  |

Realizing that most students will not be gifted at all times, in all areas, respond to the following:

##### **What do you see as this student’s major strengths?**

**What do you see as this student’s major challenges?**

**What are your primary concerns about the education of this student?**

**Information on Grade Level Tests:**

**Identification Checklist**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Form (check as completed) Person Responsible for Completion**

**\_\_\_\_\_\_Referral to Highly Capable Program Parent/Community \_\_\_\_ Teacher\_\_\_ Student\_\_\_**

**\_\_\_\_\_\_Referral Letter (to person referring) Coordinator**

**\_\_\_\_\_\_Parent Questionnaire Parent**

**\_\_\_\_\_\_Teacher Questionnaire Teacher**

**\_\_\_\_\_\_Body of Evidence Coordinator**

**\_\_\_placed in file & \_\_\_sent to parent**

**\_\_\_\_\_\_Letter stating completion of testing and data collection Coordinator**

**With entry into program \_\_\_\_\_sent to parent**

**OR**

**\_\_\_\_\_\_Letter stating completion of testing and data collection Coordinator**

**With no entry into program \_\_\_\_\_sent to parent**

**Upon entry into highly capable program:**

**\_\_\_\_\_\_ Letter placed in student file Coordinator**

**\_\_\_\_\_\_Advanced Learning Plan Coordinator/Teacher/Parent/Student**

Oakesdale School District

Box 228

Oakesdale, WA 99158

HIGHLY CAPABLE PROGRAM EXIT FORM

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Please check one:*

Reason for leaving the program:

\_\_\_\_\_Moving out of the district

\_\_\_\_\_Child having difficulty adjusting to academic rigor/demands of program after several weeks of attendance. One or more parent-teacher conferences were held, as well as a Multi-Disciplinary Team meeting and it was established that the child’s needs would be best met in a traditional classroom setting.

\_\_\_\_\_Child having difficulty adjusting socially/making new friends within the program.

\_\_\_\_\_Other: Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Principal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Please return this form to the school office. If the student is leaving the District and you wish to have a referral to the Highly Capable Program services of the new school, please contact Jason Reed at 509-285-5296 or at jreed@gonigthawks.net

|  |  |
| --- | --- |