



College Place Public Schools
Highly Capable Program
Parent Input Form

Student Name: _____

Birth day: _____ Grade: _____ Phone: _____

Please rate the nominated child on the scale of 1-5 with 1 being well below average, 3 being average and 5 being superior. Consider the nominated child on the basis of how you see him/her compared to his/her friends and other children in the neighborhood.

	Below Average		Average		Superior
1. Has advanced vocabulary for age.	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 5
2. Has a large storehouse of information about a variety of topics (beyond usual interest for age).	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 5
3. Has quick mastery and recall of factual information	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 5
4. Is interested in and able to quickly discover the how and why of things.	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 5
5. Asks many and provocative questions.	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 5
6. Is a keen and alert observer – “sees more” than others and responds quickly.	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 5
7. Adapts readily to new situations; is not disturbed when the normal routine is changed.	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 5
8. Can express self well and is easily understood.	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 5
9. Has unusual persistence in a topic.	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 5
10. Is eager to try new things.	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 5

Please list the three academic areas the nominated child is most interested in:

(1) _____ (2) _____ (3) _____

Please list the hobbies the nominated child is most interested in:

(1) _____ (2) _____ (3) _____

Please state other factors that might affect this child’s performance or any other reasons why this child might be overlooked in the selection process. (Attach another page if necessary) _____

Signature of Person Referring Relationship Date

Printed Name of Person Referring

PERMISSION FOR ASSESSMENT, PLACEMENT AND SERVICES

The district is required to obtain written parent/legal guardian permission prior to: 1) conducting assessments to determine eligibility for participation in the HCP and 2) placement of selected students into the district’s HCP.

I understand that my child will be tested, using the Cognitive Abilities Test, prior to entering the program. I also give my permission for placement and services in the College Place Public Schools Highly Capable Program, if my child qualifies.

Parent’s Signature Parent’s Printed Signature Date

Student’s Signature Student’s Printed Signature Date

Return to: K-5 Grades Blake Limburg blimburg@cpps.org

6-8 Grades, Gabriela Esquivel gesquivel@cpps.org

9-12 Grades Rita Silva-Ponds rsilva-ponds@cpps.org