

Sequim School District

HIGHLY CAPABLE PROGRAM REFERRAL INFORMATION



If you would like to refer a student for the screening process for the Highly Capable (HiCap) Program, please fill out and return this form to your building secretary and/or the Highly Capable Coordinator. **Your referral form must be received no later than November 30, 2018. Due to time and testing constraints, referrals received after the deadline cannot be accepted.**

Identification procedure

- Referral form must be received by deadline
- Testing on designated dates to be determined
- Coordinator, HiCap Program will gather test scores and input from teachers and parents
- Multidisciplinary Selection Committee will identify those students most in need of HiCap Program Services

Appeals Process

- Parents/Guardians may appeal the District Selection Committee's decision
- Submit a completed Appeals Form to the Highly Capable Program Coordinator with reasons for the appeal and supporting documentation within **15** school days (including Spring Break) of receiving the committee's decision (April 19, 2019)
- The appeal and all student material will be reviewed, and a decision will be made in a timely manner
- Parents/Guardians will be notified in writing of the final decision.

Exit Procedure

- If a student wishes to exit the program, the Exit Form must be completed and turned in
- Student will maintain eligibility and contact with program through high school graduation

Program Information and Options

- Students in kindergarten will have access to an accelerated and enriched education
- Students in 1st through 5th grade will be clustered with other Highly Capable Students in order to have access to accelerated and enhanced instruction
- Students in 6th through 8th grade will be eligible for Honors Classes with opportunities for independent study and subject or grade acceleration
- Students in high school will be eligible for Honors or Advanced Placement classes with opportunities for independent study, subject or grade acceleration

If you have any questions, please contact the Coordinator of the Highly Capable Program.

Jodi Olson

Highly Capable Program Coordinator (located at the SMS)
(360) 775-7083
jolson@sequimschools.org

Highly Capable Program Referral and Permission Form

Please check the following boxes and complete the form below. *I would like my child to be involved in the screening/testing process for HiCap services in the Sequim School District.*

- I give my permission for my child's cumulative records to be reviewed and for my child to participate in the required Board Approved testing.
- I understand that this information will remain confidential, and that test scores will be used only for the HiCap identification process and will not be interpreted for any other specific purpose.
- I give my permission for my child to participate in the testing during the testing period.

Has your child been tested for HiCap in the past? Yes, year: _____ No

Please Print Neatly

Student Name		Birthday	
School Attending		Teacher	
Home Address		Current Grade	
		Gender (circle) M F	
Home Phone		Work Phone	
Cell Phone		Other Phone	
Email			
Parent/Guardian Name(s)			
Parent/Guardian Signature		Date	

Sequim School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal 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: Title IX Coordinators, Civil Rights Compliance Coordinators: Randy Hill, 503 N. Sequim Ave., Sequim, WA 98382, 360-582-3261, rhill@sequimschools.org for Section 504/ADA Coordinator, Matt Duchow, 503 N. Sequim Ave., Sequim, WA 98382, 360-582-3401, mduchow@sequimschools.org.

Name of Person Referring _____ Date _____

Please check mark the correct indicator next to each characteristic for the child you are referring for the Highly Capable Program.

	Always	Often	Sometimes	Seldom	Never
1. Child displays an advanced vocabulary					
2. Overwhelming curiosity					
3. Creative use of materials					
4. Vivid imagination					
5. Variety of approaches to problem solving					
6. Idealistic					
7. Perfectionist					
8. Persistent					
9. Independent/Self Motivated					
10. Heighted awareness of surroundings and expectations					
11. Leadership					
12. Highly observant					
13. Highly inquisitive					
14. Thinks through decisions more carefully than peers					
15. Comfortable with ambiguous situations or situations that have multiple correct answers					
16. Highly sensitive					
17. Thinks outside the box					
18. Curious as to how things work or why things are a certain way					

Please give examples of why you believe this student should be referred for the Highly Capable Program.

Please return completed form by **November 30, 2018** to building secretary, district office or

Sequim Middle School. Attn: Highly Capable Program Coordinator, Sequim Middle School 301 W Hendrickson Rd Sequim, WA 98382