



Othello School District No. 147

1025 South 1st Avenue
Othello WA 99344

Phone: 509-488-2659 ~ Fax: 509-488-5876
www.othelloschools.org

PERMISSION TO ASSESS

Date _____

To the Parent/Guardian of _____

Your child has been referred to be considered for the Othello School District's Highly Capable Program (HiCap). Please sign below if you give permission for assessment.

Yes, I give permission for my child to be assessed for the Highly Capable Program.

Parent/Guardian signature _____

Date _____

Please return this form to your child's classroom teacher by

Student will not be able to be assessed for screening/placement until this form is complete and returned.

Students will be screened using *The Cognitive Abilities Screening Tool (CogAT)* and *STAR Math/Reading*. Students meeting criteria will be further assessed and considered for placement using Full Battery CogAT, SAGES 2 (Math/Science), and Naglieri. All assessments will be given during the school day.

Sincerely,
Joey Gardner
HiCap Teacher



Highly Capable Student Referral Form

Today's Date _____

Child's Name _____ School _____ Grade _____

Teacher _____ Referred by _____ Relationship _____

Please rate the student in comparison with others of the same age.

| | Low 1 | 2 | 3 | 4 | High 5 |
|---|----------|-------|-------|-------|-----------|
| 1. Has a keen sense of humor. | _____ | _____ | _____ | _____ | _____ |
| 2. Shows interest in and curiosity about many topics | _____ | _____ | _____ | _____ | _____ |
| 3. Takes intellectual risks and/or enjoys intellectual challenges. | _____ | _____ | _____ | _____ | _____ |
| 4. Has a lot of ideas or answers about many subjects. | _____ | _____ | _____ | _____ | _____ |
| 5. Has unique/unusual approaches to the solving of problems or to doing things. | _____ | _____ | _____ | _____ | _____ |
| 6. Asks why all the time and/or questions everything and everybody. | _____ | _____ | _____ | _____ | _____ |
| 7. Become absorbed and deeply involved in certain topics or tasks. | _____ | _____ | _____ | _____ | _____ |
| 8. Sets high goals for learning. | _____ | _____ | _____ | _____ | _____ |
| 9. Is persistent. | _____ | _____ | _____ | _____ | _____ |
| 10. Prefers to work independently and needs little direction from adults. | _____ | _____ | _____ | _____ | _____ |
| 11. Likes to elaborate by adding details to own or other's ideas. | _____ | _____ | _____ | _____ | _____ |
| 12. Likes to organize and bring structure to things, people and situations. | _____ | _____ | _____ | _____ | _____ |
| 13. Possesses a store of information on a variety of topics (unusual for age). | _____ | _____ | _____ | _____ | _____ |
| 14. Learns quickly and easily. | _____ | _____ | _____ | _____ | _____ |
| 15. Understands abstract ideas easily. | _____ | _____ | _____ | _____ | _____ |
| 16. Desires and actively seeks learning. Voluntarily participates in activities. | _____ | _____ | _____ | _____ | _____ |
| 17. Uses advanced vocabulary with accuracy. | _____ | _____ | _____ | _____ | _____ |
| 18. Works above grade level in a particular academic subject or subjects. | _____ | _____ | _____ | _____ | _____ |
| 19. Is a keen observer; often draws more meaning from a film or story than do others. | _____ | _____ | _____ | _____ | _____ |
| 20. Reasons things out, recognizes relationships, makes logical associations. | _____ | _____ | _____ | _____ | _____ |

21. What special interests, hobbies, or activities does the student have and what does he/she do in spare time?

22. Does the student have any special accomplishments, past or present, which show initiative or perseverance?

23. Why do you feel this student would benefit from the Highly Capable Program?
(Please attach another sheet of paper if you need additional space.)

Signature: _____