



Highly Capable Program Student Referral Form

Student Name: _____ Birth Date: _____ Grade: _____

School: _____ Teacher Name: _____

Name of Nominator: _____ Relationship to Student: _____

Parental Consent Section- MUST be completed for screening

I give consent for my child to be given aptitude or achievement tests, if needed, to determine eligibility for placement in the NKSD Highly Capable Service Program.

Print Parent Name		Signature	Date	
Mailing Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	

To what extent are the following characteristics typical of the Student being nominated?

Circle appropriate number beside each phrase.

Name of person completing survey _____

	Almost Never	Seldom	Sometimes	Often	Almost Always
1. Has a "need to know" or "desire to excel".....	1	2	3	4	5
2. Tends to dominate; likes to lead rather than follow.....	1	2	3	4	5
3. Exhibits unusual ideas or approaches to problem solving.....	1	2	3	4	5
4. Learns easily and quickly.....	1	2	3	4	5
5. Is critical of self.....	1	2	3	4	5
6. Performs mental tasks of a high degree of complexity.....	1	2	3	4	5
7. Can select options or set goals for learning.....	1	2	3	4	5
8. Can be blunt in appraisals; doesn't "beat around the bush"	1	2	3	4	5
9. Is willing to try new ideas or experiences.....	1	2	3	4	5
10. Displays a keen sense of humor.....	1	2	3	4	5
11. Unusual capacity of self-directed learning.....	1	2	3	4	5
12. Wants a reason for requirements, limits, undesired events.....	1	2	3	4	5
13. Has difficulty conforming to group goals.....	1	2	3	4	5
14. Can anticipate outcomes/results of experiments or stories.....	1	2	3	4	5

15. Works well independently.....	1	2	3	4	5
16. Tends to be impatient.....	1	2	3	4	5
17. Enjoys fantasy, manipulating or elaborating ideas.....	1	2	3	4	5
18. Uses unusually advanced vocabulary.....	1	2	3	4	5
19. Moves easily from simple to complex, concrete to abstract.....	1	2	3	4	5
20. Appears to focus on people and their activities rather than objects...	1	2	3	4	5
21. Shows interest and curiosity about a variety of topics.....	1	2	3	4	5
22. Finds opportunities to initiate and create.....	1	2	3	4	5
23. Enjoys/has wild and silly ideas.....	1	2	3	4	5
24. Aware of detail; keen observer.....	1	2	3	4	5
25. Draws on internal knowledge to solve problems.....	1	2	3	4	5
26. Unusually persistent in his/her interest of a topic.....	1	2	3	4	5
27. Imaginative in writing, music, art, science.....	1	2	3	4	5
28. Remembers facts and knowledge learned earlier.....	1	2	3	4	5
29. Exhibits a strong sense of justice and quickly perceives injustice....	1	2	3	4	5

[DISTRICT USE ONLY: Hope Score: _____]

OPTIONAL: Additional comments or information ,or “See Attached”

APPEAL PROCESS

Parents/legal guardians have the right to appeal any decision of the Multi-Disciplinary Selection Committee. Individuals appealing the selection committee's decision must submit a completed appeals form. The **written request must include reasons for the appeal and, to support reconsideration, provide additional evidence of significantly advanced cognitive or academic levels and/or outstanding intellectual, academic, or creative abilities.**

Parents/legal guardians must submit the appeal request and supporting evidence to the Highly Capable Program Coordinator within **30 calendar days** of the Multi-Disciplinary Selection Committee's original decision notification. The 30-day window will begin the date the original decision notification is sent to parents/legal guardians. The district’s designee will review the student's file, assessment profile data, and additional evidence provided in the request for appeal. The Appeals Committee decision may include upholding or reversing the original decision of the Multi-Disciplinary Selection Committee. The Appeals Committee will make a decision within 10 school days after the receipt of written request for reconsideration and will notify the parent/legal guardian of the decision in writing. **ALL APPEAL DECISIONS ARE FINAL.**