



Highly Capable Program

Referral and Permissions Packet

DUE DATE: March 15, 2024

Return to:

Brenda Tejada

610 N 39th Avenue

Yakima, WA 98902

Email forms to Tejada.Brenda@ysd7.org

Or complete the forms online at

<https://www.ysd7.org/learning/highly-capable-program>.

Call Brenda at 509-573-1061 with any questions



YAKIMA SCHOOL DISTRICT HIGHLY CAPABLE PROGRAM

<i>Student Information</i>		
Student Name:	Current Grade:	Birthdate:
School:	Teacher:	

<i>Person Completing this Referral</i>
Name:
Relation to student:

<i>Contact Information</i>	
Primary Phone	Alternate Phone
Email:	
Mailing Address (City, State, ZIP:	

Highly Capable Program Referral

Use this form to submit a referral to the Yakima School District Highly Capable Program. These referrals will be processed in accordance with YSD School District Policy 2166 and OSPI requirements. Anyone may submit a referral for highly capable programming through this form.

Statements of understanding:

I understand that referrals submitted after the deadline will not be evaluated for the current school year.

I understand that referrals are only for students **NOT** currently identified as Highly Capable. Once identified, the Highly Capable designation follows the student through high school graduation in the Yakima School District unless otherwise exited from program services.

I understand that I may appeal any decision made by the Multidisciplinary Selection Committee using a separate appeal form that will be mailed to me with the letter of notification.

I understand the referral process may or may not include testing. Current cognitive and academic ability scores will be used for the screening portion of the evaluation. Further testing may or may not occur.



I understand that the referral process and subsequent testing are only a part of the selection process and that the Multidisciplinary Selection Committee makes all decisions per district and state policy.

- I understand that by digitally submitting this form all statements are true to the best of my knowledge and if I am a parent or guardian of this child, I am giving consent to further assessment for my child to qualify for highly capable programming if I choose to proceed with placement once a decision is made.
- I understand that if I am NOT the legal guardian of this child, the parent or legal guardian may wish to not proceed with qualification into the Highly Capable program with the Yakima School District

My signature below acknowledges my understanding of the above statements and information to be true and gives my permission for further testing for the Highly Capable Program.

Parent/Guardian Signature

Date

Please respond to the statements on this page to the best of your knowledge. This nomination form is one of several factors that will be used to determine eligibility for highly capable programming.

Describe why you would recommend this student for highly capable programs:

Are there any constraining factors that may influence performance on standardized assessments? (e.g., culturally, or linguistically diverse, IEP, 504 Plan).

If so, please explain