



# Highly Capable Program

Jason Aillaud  
Director

20420 68th Ave. W., Lynnwood, WA98036  
425-431-7157 Phone  
www.edmonds.wednet.edu

Serving the communities and students of Brier, Edmonds, Lynnwood, Mountlake Terrace, Woodway, and portions of Snohomish County

## PLACEMENT CHANGE AND/OR PROGRAM EXIT FORM

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Current Grade \_\_\_\_\_ Last Grade Completed if summer \_\_\_\_\_

*Reason for leaving program: (Please Initial Choice)*

\_\_\_\_\_ Moving out of district, my child will attend \_\_\_\_\_

\_\_\_\_\_ I am deferring Highly Capable services for my child for the entire 2024-2025 school year. My student will return to the Highly Capable Program for the 2025-2026 school year. I understand that if my child does not return at the beginning of the 2025-2026 school year and I want them to return in another year, they may need to retest during the traditional identification and acceptance window the school year prior to their desired re-entry to the Highly Capable Program.

\_\_\_\_\_ Child having difficulty adjusting to academic rigor/demands of program after several weeks of attendance. A series of parent/teacher conferences were held, as well as a Multi-disciplinary Placement Committee Team Meeting and it was established that the child's needs would be best served in a traditional classroom setting.

\_\_\_\_\_ Child having difficulty adjusting socially/making new friends within the school and/or program.

\_\_\_\_\_ Other: Please explain: \_\_\_\_\_

*If a student is exited from the program and wishes to reenter the program in the future, they may need to complete the selection process again unless they choose #2 above.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form 2 weeks prior to exiting to:  
Edmonds School District  
Highly Capable Department