GRANDVIEW
SCHOOL DISTRICT

Grandview School District: Highly Capable Program

Referral and Parent Permission Form

Directions: Please print and complete the following pages. Return the completed form to your child's school by the last school day in February. All pages must be completed to be considered for testing.

Student Information

Student Name:	Current Grade:
School:	Teacher:
Person Completing this Referral	
Name:	
Relation to Student:	
Mailing Address:	
Phone Number:	

☐ Grandview School District has permission to administer tests to my student to assess for inclusion in the Highly Capable Program. I give my permission for my student to be placed in and served by the Highly Capable Program in the Grandview School District if selected by the multi-disciplinary committee.

☐ I give permission for my child's cumulative records to be reviewed and for my child to participate in the required testing for the highly capable program.

☐ I understand that testing results will remain confidential and that test scores will be used only for the highly capable identification process.

☐ The outcome of the referral for inclusion in the highly capable program will be sent to me when the process is completed.

☐ I understand that if my child is unable to take the test due to illness or other reason, I must contact the school or program office to reschedule testing within the testing window.

☐ I understand that I may appeal the results of the test by sending a letter to the program office within 10 days of receiving the results stating why the test results may be invalid.

Parent/Guardian Signature: _____ Date: _____

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Please respond to the statements below by marking the number that best represents the student. Add any examples or comments in the third column. Additional information regarding a student's exceptional ability, achievement and/or creativity may be submitted with this application.

	Almost Never	Seldom	Sometimes	Often	Almost Always	Comments
Constantly asks question	☐	☐	☐	☐	☐	
Offers unusual responses	☐	☐	☐	☐	☐	
Likes to try new things	☐	☐	☐	☐	☐	
Has a keen sense of humor	☐	☐	☐	☐	☐	
Creates original ideas & products	☐	☐	☐	☐	☐	
Has many interests, hobbies, collections	☐	☐	☐	☐	☐	
Is bored with routine tasks	☐	☐	☐	☐	☐	
Learns quickly and easily	☐	☐	☐	☐	☐	
Uses advanced vocabulary	☐	☐	☐	☐	☐	
Enjoys complex tasks	☐	☐	☐	☐	☐	
Intense; gets totally into tasks or thoughts	☐	☐	☐	☐	☐	
Relates easily to adults and older peers	☐	☐	☐	☐	☐	
Sense of fairness	☐	☐	☐	☐	☐	
Works well independently	☐	☐	☐	☐	☐	

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Additional Comments (if needed):

If you have any questions about completing this form or the testing process, you may contact the Grandview School District Special Services office (509) 882-8520 or your school counselor.

Grandview 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 employee has been designated to handle questions and complaints of alleged discrimination: Executive Director of Special Programs is the assigned Title IX Coordinator/ Section 504/ADA Coordinator/ Civil Rights Compliance Coordinator. Contact information is as follows; 913 W 2nd St Grandview WA 98930, 509-882-8520, compliance@gsd200.org.