



Lakewood School District Highly Capable Program

Student Referral for Evaluation Parent/Guardian Form

Student Name:	School:	Grade Level:
Name of Person Referring:	Email of Person Referring:	
Your relationship to the student:	Date of Referral:	

In the space provided below, briefly explain why the student should be considered for the Highly Capable Program.

Consent for Assessment

Students referred will be assessed using a test of general ability, rating scales for highly capable students, and other state and district assessments in order to determine eligibility for services. Parents/guardians will be informed of the assessment results.

If you are the parent or guardian of the student being referred, please check the box below, sign and return to the office of your student's school by January 30, 2026.

I request and give consent for my child to be assessed as a part of the identification process for the Highly Capable Program.

Parent/Guardian Signature

Date