

**Board of Directors**  
Seth Basford  
Matthew Byers  
Eric Farmer  
Charlotte Layman  
Raymond Wiseman



**Superintendent**  
John J. Schieche

**Assistant  
Superintendent**  
Russ Hill

**Referral Application for Highly Capable Services**  
**Current School Year:\_\_\_\_\_**

Please complete a separate form for each referred student.

Date:\_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
( First) (Last)

Current School:\_\_\_\_\_ Teacher Name:\_\_\_\_\_

I am referring this student to be considered for Highly Capable Services.

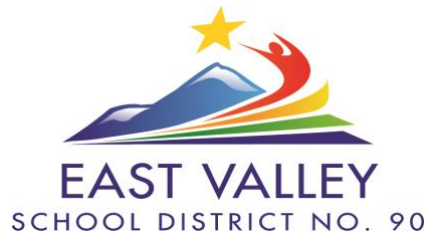
Nominator's Name (Please print):\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Relationship:\_\_\_\_\_

**Please complete the back page of this form.**  
**This form must be completed and returned to your school by 10/12, 2018**

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### **Nominator's Input**

Student Name: \_\_\_\_\_

Please note that the Office of Superintendent Public Instruction (OSPI), describes a highly capable/gifted student as:

*A student who performs at **a significantly advanced academic level when compared with others of their age, experiences, or environments.** Outstanding abilities are seen within students' general intellectual aptitudes, specific academic abilities, and/or creative abilities within a specific domain.*

Area of focus for services:  Math and/or  Reading/ELA

1. Please provide any data that supports the student is performing above his/her grade level such as grades, assessments, classroom work:

2. Please indicate the current reading and/or math levels at which the student is working.

3. Please provide any other information you believe is important to support the need for highly capable services.

**This form must be completed and returned to your school by 10/12/2018.**