



Permission to Assess for Highly Capable Program

[date]

Dear Parent or Guardian,

Your child has been referred or identified for participation in the Valley School District’s Highly Capable Program. Highly capable students are students who perform or show potential for performing at significantly advanced academic levels when compared to others of their age, experiences or environments. Outstanding abilities may be seen within the student’s general intellectual aptitudes, specific academic abilities and/or creative productivities within a specific area of study.

For additional information about the program, please read the attached document, 2190P1-Highly Capable Program, which describes the procedures for referral, screening, assessment and selection of students, and the appeal process.

The Multi-Disciplinary Committee responsible for selection and placement of students in the Highly Capable Program have reviewed your student’s academic data. The Committee has requested further cognitive and creative ability assessment information to help determine your student’s eligibility for participation in the program.

State law requires written parental permission to conduct further assessments. If you would like to have your child assessed, please sign below and return this form in the enclosed, self-addressed and stamped envelope within ten (10) days of the date of this letter. If you have any questions, you may contact the Highly Capable Coordinator at (509) 937-2793.

As legal parent or guardian, I give my permission to have my child,

\_\_\_\_\_,  
*First and last name*

tested for participation in Valley School District’s program for highly capable students.

I understand that the screening and/or selection process may conclude that my child is ineligible for participation in this program.

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

\_\_\_\_\_  
*Printed Name*