



# Valley School District No. 070

3030 Huffman Road • Valley, WA 99181 • Ph: (509) 937-2791 • Fax: (509) 937-2204 • www.valleysd.org

## Highly Capable Program Selection Notification and Permission to Provide Services

[date]

Dear [name of parent or guardian],

Recently, your child, [name], was referred or identified for participation in Valley School District’s Highly Capable Program for the [20\_\_/20\_\_] school year. A Multi-Disciplinary Committee reviewed your child’s academic, assessment and other information and has determined that a need for academic services beyond the scope of [his/her] general education classroom does exist, and invites you to enroll your child in the Highly Capable Program.

Highly Capable students are strong academic performers and may possess, but are not limited to, these learning characteristics:

- Capacity for intense concentration and/or focus, and to learn with unusual depth of understanding, learn quickly in their area(s) of intellectual strength, retain what has been learned, and transfer learning to new situations.
- The capacity and willingness to deal with increasing levels of abstraction and complexity earlier than their chronological peers, and creative ability to make unusual connections among ideas and concepts.

Indicators of strong academic performance that qualified your student for participation, along with other criteria, include an overall average percentile score of 98 or above on the Measures of Academic Performance (MAP) tests, the Naglierie Nonverbal Aptitude Test (NNAT2), the Cognitive Abilities Test (CogAT), and/or the Torrance Test of Creative Thinking (TTCT) or other measure of creativity. Your child’s most recent test results in those domains tested, expressed in percentiles (50% is average), are listed below:

<b>MAP (academic):</b>	
Math	
Reading	
Science	
<b>NNAT2 or CogAT (cognitive):</b>	
<b>TTCT or other measure (creative):</b>	

For a full explanation of selection and placement processes, program design and goals, and exiting the program, please read the attached Highly Capable Program procedures. Program participants and their parents/guardians will be invited to attend an informational meeting in the fall to learn more about the educational services provided through the program. Annually, parents will meet individually with the program coordinator to review the student’s learning plan.

If you would like your child to participate in the Highly Capable Program beginning next year, please complete the attached Enrollment and Permission to Provide Services form and return it to your child’s school main office within fourteen (14) days of the date of this letter. If you have any further questions, please feel free to contact me at (509) 937-2793.

Sincerely,

Highly Capable Program Coordinator



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### Highly Capable Program Student Enrollment and Permission to Provide Services

Please complete and return this form no later than May 31<sup>st</sup> or your child will miss the opportunity to participate in the next school year. You may turn in the form at your child's school main office or mail to:

Valley School District, Attn: Highly Capable Program Coordinator, 3030 Huffman Road, Valley, WA 99181

STUDENT NAME: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

YOUR COMMENTS OR QUESTIONS ABOUT THE HIGHLY CAPABLE PROGRAM AND/OR PROCESSES ARE APPRECIATED:

#### PARENT/GUARDIAN PERMISSION:

In order for Valley School District to initiate Highly Capable Program services to your child, state law requires written parental permission (WAC 392-170-047). Please check each statement to indicate that you have read the program procedures and are in agreement with the structure of the Highly Capable Program. To authorize participation and initiate services, please sign and date below.

- I understand that my student's participation in the Highly Capable Program is continuous from year to year, and that at any time he/she may be exited from the program based on lack of continuing eligibility or by personal request. I/we understand the exiting and appeal processes.
- Together, my student and I have read the program procedures and discussed participation in the Highly Capable Program. I/we accept his/her placement in the program beginning in the next school year.
- As legal parent/guardian, I give permission for Valley School District to provide highly capable educational services to my child, identified above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (optional)

\_\_\_\_\_  
Date