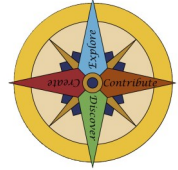


Davenport School District

Highly Capable Nomination Form



Part 1: **Person Referring Student** (Please add a check mark and fill in name if other than parent)

Parent _____

Teacher/Other _____ Name _____ Phone _____

Part 2: **Student Information** : Students must be 5 years old by the WA State deadline in order to test for entrance into the Highly Capable Program, unless they have already been accepted for early entrance.

Student's Name _____

(Last)

(First)

(Middle)

Date of Birth: ____/____/____ (mm/dd/yyyy) Current Grade Level _____

Parent(s)/Guardian(s) Name _____

Parent(s)/Guardian(s) Address _____

Home Phone _____ Day Phone _____ Cell Phone _____

Email _____

Part 3: **Permission to Test** (REQUIRED): This referral **WILL NOT** be processed without parent permission signature.

Child's Name _____

Birth date _____

I give permission for my child to be tested in order to determine eligibility and/or possible placement in the Davenport School District Highly Capable Program. I understand that I will be contacted concerning the results of this testing and that this evaluation may not result in my child's placement in the program.

Parent(s)/Guardian(s) Signature _____ Date _____

Part 4: **Required Information from Parent** (please staple additional paper to this referral if more room is needed)

Why do you think your student is gifted? What advanced characteristics do you see?

REFERRAL DEADLINE: No referrals will be accepted after **September 15** of each school year.

Please return this form to:

Teresa Vesneske, High Capable Program Coordinator
Davenport School District Office
801 7th Street
Davenport, WA 99122