

REFERRAL FORM FOR THE HIGHLY CAPABLE PROGRAM

Return form to Kalama Elementary School, Highly Capable Program, 548 China
Garden Rd, Kalama, WA 98625

For further information, please call 360.673.5207.

Student's Name _____ Female / Male
(Last) (First) (Circle One)

Date of Birth _____

Parent(s) Name(s) _____

Parent(s) Address _____

City

State

Zip Code

Home Phone () _____ Day Phone () _____

Email _____

Current Grade _____ Student's Current School _____

Please check any areas below that are appropriate:

Ethnicity/Race: African American Asian Caucasian Hispanic Native American
Please circle all that apply. Other (specify) _____

Is another language routinely spoken in the home? Yes / No What language? _____
(Circle One)

Currently in a special program? ESL Gifted Special Ed Other _____

Is there a documented need for testing accommodations for this student? Yes / No
(If "yes" you will be contacted regarding this.)

Comments _____

I give permission to test my child to determine eligibility and/or possible placement in the Kalama
Elementary Highly Capable Program.

Parent's Signature _____ Date: _____