



HIGHLY CAPABLE PROGRAM

REFERRAL FOR TESTING FORM

Phone: 425-385-4033 / Email: highlycapable@everettsd.org

REFERRAL DEADLINE: Friday, December 15, 2023*
For school year 2024-2025

Thank you for referring this student for testing and possible identification/placement in the Highly Capable program. Please note that a parent/guardian permission form must also be signed before testing can occur. The Highly Capable team will contact the parent/guardian to acquire this signature. If, for some reason, we are unable to get a parent/guardian signature on the form, we will not be able to proceed with the testing process. Included here is a link to the [Parent/Guardian Referral for Testing Form](#). We appreciate your interest and support of this student.

Return this form by the **December 15** deadline (**do not** return to the student's school):

- **Email to:** highlycapable@everettsd.org
or
- **Mail to :** P-5 Instruction & Early Learning Programs - Highly Capable Program
3900 Broadway, Everett, WA 98201

Section 1: STUDENT INFORMATION

Full Name	Student ID # check if not available <input type="checkbox"/>	
Birthdate	Gender	Current Grade
School	Teacher's Name	

Section 2: REFERRAL BY: *(check & complete section as applicable)*

TEACHER <input type="checkbox"/>	COMMUNITY MEMBER INFORMATION <input type="checkbox"/>
Full Name	Full Name
School	Relationship to Student
Email Address	Email Address
Phone	Phone

Section 3: SIGNATURE

Signature	Date
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***Forms that are turned in after the deadline will not be accepted.**