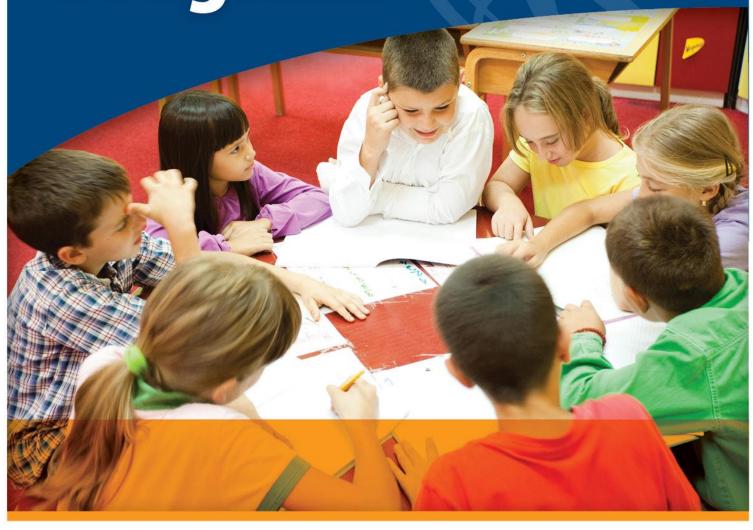
# Highly Capable Program







#### **Everett Public Schools**

Highly Capable Program Office 3900 Broadway, Everett, WA 98201 425-385-4033 • www.everettsd.org/page/5961

# Highly Capable Program identification process





#### Referral

Check with your teacher about whether your child is a good match for the Highly Capable Program

Student must be referred by a teacher or parent to start screening process

Fill out supplied form and return by specified date



#### Screening

Cognitive
Abilities Test
(CogAT) and
the Iowa Test
for Basic Skills
(ITBS)

Testing takes place in February 2022 at elementary school locations



#### **Evaluation**

Selection
Committee meets
in April to
review results of
screening and
makes
recommendation

In May, parents receive test results and decision from Selection Committee



#### **Participation**

Qualifying students receive invitation to participate in HC program

Eligible students are offered enrollment in an all-day self-contained classroom. These classrooms are located at Cedar Wood, Forest View, Mill Creek, Penny Creek, Tambark Creek, View Ridge and Whittier elementary schools



#### **Student Support Services**

Dave Peters, Director 3900 Broadway Everett, WA 98201 Phone (425) 385-4033

# Highly Capable Program Parent Referral Form

What is the Highly Capable Program?

The Highly Capable Program is an alternative placement for students who require additional and accelerated experiences. The program begins at grade two and continues through grade five. Eligible students are offered enrollment in a self-contained classroom for highly capable students. These classrooms are currently located at **Cedar Wood**, **Forest View**, **Mill Creek**, **Penny Creek**, **Tambark Creek**, **View Ridge and Whittier** elementary schools. Each neighborhood school is assigned to one of these seven centers. The Highly Capable centersmay have multi-age classrooms to accommodate the number of students qualifying each year.

Transportation for families living within district boundaries is offered for qualifying students to their assigned Highly Capable center. Qualifying students whose home school has a Highly Capable center will have the same transportation services as regular program students. Qualifying students <u>must</u> attend the assigned center unless theyfollow the district variance process. Transportation is NOT available for students who have obtained a variance.

How are students referred and selected for the Highly Capable Program?

Selection procedures include a referral form from a parent and a teacher as well as testing of each student. Writtenparent permission is required prior to testing. A Selection Committee composed of the program director, a school psychologist, a principal of a school with a Highly Capable center, classroom teachers, and other professionals appointed makes the final selection of students for the program.

Selection is based on academic assessments, a cognitive assessment and teacher ratings on learning, motivation and creativity. The Selection Committee reviews data on each student, substituting a numbering system for names to protect confidentiality. Parents will receive a letter following the Selection Committee meeting with test results and the committee's decision for placement in a Highly Capable program classroom or regular program classroom.

What are the Highly Capable Program's objectives?

In accordance with its philosophy to develop the special abilities of each student, the district offers appropriate instructional programs to meet the needs of exceptionally gifted and talented students of school age. The frameworkfor such programs shall encompass, but not be limited to, the following objectives:

- 1. Expansion of academic attainments and intellectual skills
- 2. Stimulation of intellectual curiosity, independence, and responsibility
- 3. Development of a positive attitude toward self and others
- 4. Development of originality and creativity

Everett Public Schools does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

Designated to handle inquiries about nondiscrimination policies are:

Executive Director Human Resources, Dr. Chad Golden 425-385-4103 Title IX Officer, Kevin Allen, 425-385-4168 ADA Coordinator, Randi Seaberg, 425-385-4104 Section 504 Coordinator, Dave Peters, 425-385-4063 HIB Compliance Officer, Danielle Mundell 425-385-4269

### APPEAL PROCESS & PROGRAM EXIT INFORMATION SHEET

#### PROGRAM APPEAL PROCESS

**Appeals Process:** The Everett Public Schools, in compliance with the Washington State rules for Highly Capable Programs (WAC 392-170-047), has an appeal process. If you do not agree with the selection decision and you wish to appeal, you will be asked to complete a **Selection Decision Appeal** form. Please contact our office to acquire an appeal form.

Please be aware that the selection decision appeal *must* be based upon one of the following conditions:

- 1. A misapplication or miscalculation of the scores by the Selection Committee (for example, an incorrect birthdate or grade level used in calculation of the student's score).
- 2. An **extraordinary** circumstance occurred **during the testing period** that may negatively affect the validity of the test results (such as a death in the family or extreme physical ailment) this must be communicated to the district office in writing **within two weeks of the end of district testing window.**

Appeals submitted for reasons other than above will be denied without further consideration. No outside testing will be considered. The decision of the Appeal Review Team is final.

The deadline for submission of appeal is (10) ten workdays from the date of notification of score results.

#### PROGRAM EXIT PROCEDURE

**<u>Highly Capable Program Exit Procedure:</u>** The Everett School District, in compliance with the Washington State rules for Highly Capable Programs (WAC 392-170-047), has a procedure to allow students to exit the Highly Capable Program.

The Highly Capable Program consists of a variety of models and services and therefore is dynamic and fluid. Students will be exited from the program for one of the following reasons:

- 1. Parent/guardian request's that the student no longer take part in the services. In this case, the parent/guardian completes the exit request form and send it to Student Support Services located at 3900 Broadway, Everett, WA 98201. The form will then be placed in the student's file.
- 2. The student no longer meets eligibility requirements for the Highly Capable Program. Students who are identified for LEAP services in kindergarten and/or first grade are not guaranteed continuation of Highly Capable services beyond first grade. The continuation of services is contingent upon qualifying for services based on new test results (second grade CogAT and Iowa Test of Basic Skills (ITBS).
- 3. When an exit from the program is considered, the School Student Assistance Team convenes a meeting to review the student's profile in order to determine if an exit from the Highly Capable program should be recommended to the district Highly Capable Selection Committee. The districts Highly Capable Selection Committee will then review student performance data, consider appropriateness of student placement, and plan for transition of services based on the student needs. The Highly Capable Selection Committee determines whether a student's needs are best met with Highly Capable Program services base on assessment data and classroom performance.

#### HIGHLY CAPABLE PROGRAM

#### PARENT REFERRAL FOR TESTING FORM

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

#### NOMINATION DEADLINE: Friday, December 17, 2021

#### Return forms to the following location by the deadline to:

- Send via email to: <u>rhowe@everettsd.org</u>
- OR mail to: Student Support Services/Highly Capable 3900 Broadway, Everett, WA 98201

Section 1: STUDENT INFORMATION				
Student Name:				
Birthdate:	Student ID:			
Gender:	Current Grade:			
Current School:	Current Teacher:			
Are you on a variance? YES $\square$ NO $\square$ If YES, what is your neighborhood school?				
What language would you prefer the test to be g				
English Cantonese Arabic Mandarin	Russian Somali	- F		
Is your child currently on an IEP or 504 plan?				
Has your child ever participated in Highly Capa YES □ NO □ Please list any factors which might affect the abi				
Section 2: PARENT/GUARDIAN INFORMATION				
Parent/Guardian Name:				
Parent/Guardian Address:		Zip Code		
Mailing Address (if different from above)		Zip Code		
Parent/Guardian Email Address:				
Parent/Guardian Phone:		Alt Phone:		

#### HIGHLY CAPABLE PROGRAM

#### PARENT REFERRAL FOR TESTING FORM

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

#### Section 3: COVID-19 INFORMATION

It is imperative that you **DO NOT** attend the scheduled testing day if your student is exhibiting any symptoms of illness or if your student has been exposed to anyone with COVID-19. Please contact Roxann Howe at rhowe@everettsd.org if you are unable to attend your designated testing day to be rescheduled for the make-up testing in the spring.

## Section 4: PARENT PERMISSION FOR TESTING I give permission to test my child to determine eligibility and/or possible placement in the Everett Public Schools Highly Capable Program. I understand that my student's directory information, birt

Public Schools Highly Capable Program. I understand that my student's directory information, birth month and year, HC cognitive assessments and HC achievement tests will be shared with an outside testing service for the purpose of scoring.

Parent/Guardian Signature_	Date

FOR SCHOOL YEAR: 2022-2023

NOMINATION DEADLINE: Friday, December 17, 2021

\*FORMS TURNED IN AFTER THIS DATE WILL NOT BE ACCEPTED

*Official School Use Only
□ Student ID □ Teacher Name
☐ Previously Tested for HC? YES ☐ NO☐ If YES, year(s) tested
□ Previously Tested for LEAP? YES □ NO □ Q □ NQ□ Year(S) □ IEP/504 YES□ NO□