

LEAP

Learning Enrichment Achievement Program



P-5 Instruction & Early Learning Programs
Highly Capable Program
3900 Broadway, Everett, WA 98201
425-385-4033
www.everettsd.org/page/5961

LEAP identification process



Referral

Check with your teacher about whether your child is a good match for LEAP.

Student must be referred by a teacher or parent/guardian to start the screening process for LEAP.

Fill out supplied form and return by specified date.



Screening

Student completes the Kindergarten Cognitive Abilities Test (CogAT) Screener.

Screening takes place during the school day at your child's school during the month of January.



Evaluation

Selection Committee meets to review results of screening and makes recommendation

Parents receive the screening results and decisions from the Selection Committee in February.



Participation

Qualifying students receive an invitation to participate in LEAP for the remainder of the school year.

Participation for LEAP takes place in the student's home school and classroom.



Learning Enrichment Achievement Program (LEAP) PARENT/GUARDIAN REFERRAL FOR SCREENING FORM

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

REFERRAL DEADLINE: Friday, December 15, 2023*

Return this form to the following location by the deadline (**do not** return to your child's school):

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

Section 1: STUDENT INFORMATION	
Full Name	
Birthdate	Student ID
Gender	Current Grade
Current School	Current Teacher
Are you on a variance? YES ☐ NO ☐ - If YES, what is your homeschool?	
Is your child's first language a language other than English? YES ☐ NO ☐ If YES, list language(s)	
Is your child currently on an IEP or 504 plan? YES ☐ NO ☐	
Please list any factors which might affect the ability of your child to take tests:	
Section 2: PARENT/GUARDIAN INFORMATION	
Full Name	
Residential Address	Zip Code
Mailing Address (if different from above)	Zip Code
Email Address	
Phone	Alt Phone
Section 3: PARENT/GUARDIAN PERMISSION FOR TESTING	
I give permission to screen my child to be considered for Learning Enrichment Achievement Program (LEAP) for kindergarten students. I understand that if my student qualifies for LEAP services, they will be served in their homeschool and general education setting. The services may include differentiation, enrichment, challenge activities, grouping with academic peers, project-based learning, or enriched curriculum.	
Parent/Guardian Signature _____ Date _____	

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