



NOMINATION FORM

Highly Capable Learners' Program

Student Information

Student Name _____ Birth Date _____ Gender _____

School _____ Teacher _____ Grade _____

Home Mailing Address _____ City _____ Zip _____

Guardian's Full Name _____ Phone _____

Person Making the Nomination _____

Criteria for Nomination

Listed below are the criteria for nominating a student for testing:

Specific academic achievement in one or more major content areas which, for this purpose, shall be defined as obtained results on an achievement test appropriate to discriminate academic performance at high levels of achievement in one or more of the following content areas: reading, mathematics, social studies, language arts, and science.

Students must be in the top 5% in reading and math as measured by a standardized achievement test.

Cognitive Ability which, for this purpose, shall be defined as the gifted level of the complete range of intellectual functions referred to as intellect, intelligence, or mental abilities and includes such psychological concepts as thinking, abstract reasoning, problem solving, verbal comprehension, and numerical facility.

Exceptional creativity which, for this purpose, shall mean the demonstration of unique or outstanding creative products and/or the demonstration of unusual problem solving ability or other learning characteristics which indicate that the student has the intellectual potential to perform academically at a level significantly higher than the norm for the chronological grade level.

Report Card

Please attach a copy of the student's most recent report card.

Support

Please describe the student's capabilities in the following areas:

Specific Academic Achievements:

Cognitive Ability:

Exceptional Creativity:

School Signatures

Principal

Teacher

Date _____

Date _____

Parent Consent

(Student Name)

As (parent or guardian) (Circle One), I acknowledge and support this nomination for the above-named student.

The Bellingham School District has my permission to administer a standardized academic measure of reading and math using those subtests of the ***Iowa Test of Basic Skills*** to my son/daughter in order to assess (screen) for inclusion in the District's testing for the Highly Capable Learners' Program.

Students meeting the screening standard of a score of 95% on each ***Iowa Test of Basic Skills*** section will be notified and given the ***Cognitive Abilities Test*** at a later testing date. Students in grades 2-11 will also be given the ***Structure of Intellect, Divergent Thinking Assessment*** during the same testing session. Students in grades K-1 may be further assessed with the ***Structure of Intellect, Form L***. The SOI is a standardized measure of creativity.

For students whose combined test scores are in the top 1.5% - 2% range, the Multidisciplinary Selection Committee meets and considers all the information that has been submitted. The information on the nomination form represents the input of the teacher and principal. If the team has questions about the nominee, related to program entry criteria, more information may be collected for consideration. If available, scores from state mandated tests might also be reviewed as part of the assessment.

I understand that testing results will be treated confidentially and outcome of the nomination will be sent to me when the process is completed. I also understand that I may appeal the results of the test by sending a letter to program office within two weeks of receiving results stating why the test results may be invalid.

A response to an appeal will be mailed to the parents. For a student whose test results are found to be invalid, the student may be included in the next scheduled testing, if appropriate.

I understand that it is my responsibility to contact the program office the day of testing if my child is unable to take the test due to illness or a traumatic event, in order to reschedule the testing within the testing window.

I grant permission to the Bellingham School District to administer the following tests to the above-named student:

- Iowa Test of Basic Skills
- Cognitive Abilities Test
- Structure of Intellect, Divergent Thinking Assessment and, if applicable, Form L

Signature _____ Date _____

Please return this completed form with Nomination Form to:

HCLP Office
Roeder Building
1306 Dupont St.
Bellingham, WA 98225