

# LEAP

*Learning Enrichment Achievement Program*



**Everett Public Schools**  
Highly Capable Program Office  
3900 Broadway, Everett, WA 98201  
425-385-4033 • [www.everettsd.org/page/5961](http://www.everettsd.org/page/5961)

# LEAP identification process



## Referral

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

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

Fill out supplied form and return by specified date.



## Screening

Student takes the Kindergarten Cognitive Abilities Test (CogAT).

Testing takes place during the school day in December.



## Evaluation

Selection committee meets to review results of screening and makes recommendation.

Late-January, parents receive test results and decision from selection committee.



## Participation

Qualifying students receive invitation to participate in LEAP starting in the second semester of the current school year.

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



PO BOX 2098 Everett, WA 98213  
[www.everettsd.org](http://www.everettsd.org)

# KINDERGARTEN L.E.A.P.

(LEARNING ENRICHMENT ACHIEVEMENT PROGRAM)

## REFERRAL FOR TESTING FORM

Phone: 425-385-4033 / Email: [rhowe@everettsd.org](mailto:rhowe@everettsd.org)  
[www.everettsd.org/Page/6668](http://www.everettsd.org/Page/6668)

**NOMINATION DEADLINE: Monday, November 16, 2020**

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

- Send via email to: [rhowe@everettsd.org](mailto:rhowe@everettsd.org)
- *OR* mail to: Student Support Services/Highly Capable  
- 3900 Broadway, Everett, WA 98201

### *Section 1: STUDENT INFORMATION*

<b>Student Name:</b>	
<b>Birthdate:</b>	<b>Student ID:</b>
<b>Gender:</b>	<b>Current Grade:</b>
<b>Current School:</b>	<b>Current Teacher:</b>
Are you on a variance? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, what is your neighborhood school?	
Is your child's first language a language other than English? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, list language(s)	
Is your child currently on an IEP or 504 plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please list any factors which might affect the ability of your child to take tests:	

### *Section 2: PARENT/GUARDIAN INFORMATION*

<b>Parent/Guardian Name:</b>	
<b>Parent/Guardian Address:</b>	<b>Zip Code</b>
<b>Mailing Address</b> <i>(if different from above)</i>	
<b>Parent/Guardian Email Address:</b>	
<b>Parent/Guardian Phone:</b>	<b>Alt Phone:</b>



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### ***Section 3: COVID-19 INFORMATION***

It is imperative that you **DO NOT** attend 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](mailto:rhowe@everettsd.org) if you are unable to attend testing to be rescheduled for the spring. Below are precautions that will be taken on testing day:

- All students must wear a mask, if you don't have a mask, one will be provided
- Parents will sign a COVID-19 release waiver upon arrival
- Students **MUST** be symptom-free
- Social distancing of at least 6-feet will always be maintained between students

### ***Section 4: PARENT PERMISSION***

**Parent/Guardian permission to test:**

I grant permission for my child to be to be considered for the Learning Enrichment Achievement Program (LEAP) for first grade students who are identified and selected to participate, beginning second semester. Should my student be found eligible for LEAP services, I grant permission to place/initiate services. My student will be served in their home school and general education setting. These services may include differentiation, enrichment, challenge activities, grouping and academic peers, project-based learning or enriched curriculum.

Parent/Guardian Signature

Date

**NOMINATION DEADLINE: Monday, November 16, 2020**

**FOR SCHOOL YEAR: 2020-2021**

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