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 forms and return by specified date



Screening

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

Testing takes place in February 2021 at specified elementary school locations.



Evaluation

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

Early April, parents receive test results and decision from Selection Committee.



Participation

Qualifying students receive invitation to participate in program.

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



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 centers may 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 they follow 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. Written parent 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 framework for 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, Debra Kovacs, 425-385-4103 Title IX Officer, Mary O'Brien, 425-385-4106 ADA Coordinator, Randi Seaberg, 425-385-4104 Section 504 Coordinator, Dave Peters, 425-385-4063 HIB Compliance Officer, Robert Polk, 425-385-4260

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 REFERRAL FOR TESTING FORM

Phone: 425-385-4033 / Email: rhowe@everettsd.org <u>www.everettsd.org/Page/6668</u>

NOMINATION DEADLINE: Friday, December 18, 2020

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 \Box NO \Box		
If YES, what is your neighborhood school?		
Is your child's first language a language other than English? YES \Box NO \Box		
If YES, list language(s)		
Is your child currently on an IEP or 504 plan? YES □ NO □		
Has your child ever participated in Highly Capable testing with Everett Public Schools?		
$YES \Box NO \Box$		
If YES, what year(s)?		
Please list any factors which might affect the ability of your child to take tests:		

Section 2: PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:	
Parent/Guardian Address:	Zip Code
ratent/Guardian Address.	
Mailing Address (if different from above)	Zip Code
Parent/Guardian Email Address:	
Parent/Guardian Phone:	Alt Phone:

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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 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 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, 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 _____

NOMINATION DEADLINE: Friday, December 18, 2020 *FORMS TURNED IN AFTER THIS DATE WILL NOT BE ACCEPTED FOR SCHOOL YEAR: 2021-2022

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