

Scholar Information	
Name:	Student ID #
Birth Date:	Age:
Special Talents or Needs:	

Current School Information	
School Name:	
Grade:	
Current Classroom Teacher(s):	
Previous School Information	
Has your scholar been officially designated as Highly Capable in a previous district?* <input type="checkbox"/> YES <input type="checkbox"/> NO	
*If you answered yes above, please provide additional information below about the previous school/district	
School Name:	District:
Address:	
Classroom teacher(s) in previous district:	

Parent/Guardian Information	
Parent/Guardian Name(s):	
Address:	
Contact Phone:	Best Time(s) to Call:
Other Phone:	Email:

Written Response	
Please attach answer to this form:	
1. Describe a specific event (something the scholar created or said) that illustrates this scholar's need for highly capable services	
I give permission for my scholar to be evaluated for highly capable services. I understand that this referral serves only to initiate an evaluation process to determine eligibility for services. I will receive an information letter concerning my scholar's eligibility status after the evaluation process. <i>Please note: Only parents or guardians are able to give permission to be evaluated.</i>	Name of Person(s) Referring:
Parent/Guardian Signature:	Relationship to Scholar:
Date:	Signature:

Please return completed form by **January 8, 2021 to:
 Federal Way Public Schools; **Teaching for Learning** Department
 33330 8th Ave S, Federal Way, WA, 98003**

*a scholar must be currently enrolled in Federal Way Public Schools in grades K-11 to be referred with this form.