



***Highly Capable Program***  
**Castle Rock School District #401**  
**600 Huntington Avenue South**  
**Castle Rock, WA 98611**

## **Procedures for Identification and Placement In Castle Rock School District's Highly Capable Program**

### **Nomination**

Nominations for students in grades K-12 are welcome from any source including parents/guardians, teachers, friends, members of the community, etc. Nomination forms can be found on our website at [castlerockschools.org](http://castlerockschools.org) or may be picked up at the Castle Rock School District Office-600 Huntington Ave. South, Monday through Friday from 8:00 a.m. to 4:00 p.m. If you have any questions please contact Julie Davidson – Director of Education Support at 360-501-2940 or [jdavidson@crschools.org](mailto:jdavidson@crschools.org)

### **What is a Highly Capable Student?**

Washington State defines a highly capable student (WAC 392-170-035; 036) as a student who exhibits high capability in intellectual and/or creative areas, possesses an unusual leadership capacity, or excels in specific academic fields, who requires services beyond the basic programs provided by schools. Outstanding abilities are present in students from all cultural groups, across all economic strata, and in all areas of human endeavor.

Highly capable students generally possess these learning characteristics:

1. Capacity to learn with unusual depth of understanding, to retain what has been learned, and to transfer learning to new situations;
2. Capacity and willingness to deal with increasing levels of abstraction and complexity earlier than their chronological peers;
3. Creative ability to make unusual connections among ideas and concepts;
4. Ability to learn quickly in their area(s) of intellectual strength;
5. Capacity for intense concentration and/or focus

### **Evaluation**

Students in grades K-2 are given the AIMSweb Math and Reading benchmark testing exams in the fall, winter, and spring each year. Students in grades 3-8 in Castle Rock School District take the Washington State Smarter Balance Assessment in the spring and are given the AIMSweb Math and Reading benchmark testing exams in the fall, winter, and spring each year.

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## **Parent Permission**

An invitation is extended to identified students, and permission to test /participate is obtained from parents. (Please see permission form on pages 6). If a student or parent decides to end participation in the highly capable program, the request must be submitted to the Director of Education Support.

## **Specific Identification Requirement**

The assessment measures for academics that are used for entrance into the Highly Capable Program are the scores for math and reading from the State Smarter Balance Assessments or (MSP scores for the 2014-2015 school year) and the most current AIMSweb benchmark testing. Students identified for the Highly Capable Program in math or reading must achieve in the 95<sup>th</sup> percentile (top 5%) in one or more areas on these tests. Students ages 6- 16 years, eleven months will also be given the WISC 5 to measure cognitive ability. To measure creativity, art, music, and leadership abilities the behavioral characteristics scores from the Renzulli Parent and Teacher Rating scale are used. Parent, Student, and Teacher input is also considered.

## **Multi-Disciplinary Highly Capable Committee**

The Highly Capable Committee Members are: Julie Davidson-Director of Education Support, Tiffaney Golden-Middle School Principal, Julie Johnson-School Psychologist, Nikki Williams-After-school Highly Capable Program Teacher, Kali Albin-High School Counselor, Sativa Carter, Susan Denison- Middle School Teachers, Darcy Davidson, Karen Peeler Elementary Teachers.

## **Program Options**

- Differentiation of regular classroom curriculum to challenge all identified highly capable students
- Advanced subject placement in Math and English and Running Start
- Grades 3-5 will be offered an independent study after school program taught by Nikki Williams focusing on a variety of enrichment activities across the disciplines. Projects may include publishing individual and group books, author studies, Stop Motion animation, writing and recording songs, various technology and photography activities

## **Appeals Process**

If you wish to make an appeal regarding the decision of the Highly Capable Committee, please complete the Appeals Packet. It is recommended that the parent(s) contact the school building Administrator (one who is not a member of the Highly Capable Committee) within five school days and make an appointment to present your case. The building Administrator will then contact the Highly Capable Committee within 7 school days of appointment and will act as an advocate for you by explaining additional information to the committee for consideration. The appeal will be considered and recommendations will be made for one of the following:

- Not placed in the Highly Capable Program
- Placement in the Highly Capable Program
- Referral for next year's screening

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**Appeal Process Packet**

**Directions-**

- Any student with test data may pursue an appeal.
- An appeal may be initiated by any interested person on a student’s behalf
- A student may be appealed more than once.
- Necessary components of an Appeal include the following:
  - Student Information
  - Student Background – Parent
  - Student Background – Teacher
  - Student Product Sample,
  - Additional test scores, evidence of student achievement (report cards), evidence of extraordinary circumstances may accompany the appeal packet.

**Student Information**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Parent’s Work: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Appeal Initiated by: \_\_\_\_\_

Name

Relationship to Student

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# Appeals

STUDENT BACKGROUND-PARENT

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

1. Describe the characteristics/behaviors/needs of a gifted learner that you have observed with your child:

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2. Describe your child’s academic progress, interactions with classmates, and special interest areas:

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3. Describe how the regular curriculum has been modified to meet your child’s special needs:

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4. My child’s test performance may have been influenced by:

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Supporting documentation include:

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5. I give permission for my child to participate in further evaluation/ testing if deemed necessary to complete the appeal process.

Parent Signature: \_\_\_\_\_

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# Appeals

**STUDENT BACKGROUND-TEACHER**

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

1. Describe the characteristics/behaviors/needs of a gifted learner that you have observed with your student:

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2. Describe the student’s academic progress, interactions with classmates, and special interest areas:

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3. Describe how the regular curriculum has been modified to meet the student’s special needs:

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4. Test performance may have been influenced by:

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Additional Comments:

**Note:** Please attach copies of the most recent report cards, test data and any other supporting documentation.

\_\_\_\_\_  
**Teacher Signature/Date**



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## PARENT PERMISSION FORM

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

I, as parent or guardian, have considered the opportunity for my child to be evaluated for possible placement in the Highly Capable Program.

\_\_\_\_\_  
Initial

I give permission for the school to use testing results from the MSP or Smarter Balance Assessment, the WISC 5 , the AIMSweb benchmark testing and/or behavior characteristic scores from the Renzulli Teacher/Parent Rating Scale for entry into the Highly Capable Program.

\_\_\_\_\_  
Initial

I do not desire to have my child evaluated for the Highly Capable Program at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to the Castle Rock School District Office**

**Attention: Julie Davidson**

*District Use*

Received to Castle Rock School District and student added to list to be reviewed \_\_\_\_\_  
Date

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3. Ability to make unusual connections among ideas and concepts;
4. Ability to learn very quickly in their area(s) of intellectual strength;
5. Capacity for intense concentration and/or focus.

**First/Last Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Why you feel this student is a good candidate for Castle Rock’s Highly Capable Program:**

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**Person making referral:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Phone number where you can be reached:** \_\_\_\_\_

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