

Forms due to the office no later than October 21, 2019



## Referral for Highly Capable Evaluation

Student's Name \_\_\_\_\_ Date \_\_\_\_\_  
First Last

Referral submitted by \_\_\_\_\_ Relation to Student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent email \_\_\_\_\_  
(if known)

Primary language spoken in home if other than English \_\_\_\_\_

The following chart was developed to help discriminate the differences between a "bright" and a "highly capable" child. Although most students will exhibit a mixture of the characteristics listed, the highly capable child typically exhibits unusually high levels described in that category. Help to assist us in the evaluation of whether or not the student might be considered as highly capable.

**For each row, please mark with an "X" the ONE characteristic that BEST describes the child being nominated. Every row should have ONE "X".**

Bright Child	Highly Capable Child
knows the answers	asks the questions
is interested	is highly curious
is attentive	is mentally and physically involved
has good ideas	has wild, silly ideas
works hard	plays around, yet tests well
answers the questions	discusses in detail; elaborates
is in top group	works beyond top group
listens with interest	shows strong feelings and opinions
learns with ease	already knows
needs 6-8 repetitions for mastery	needs 1-2 repetitions for mastery
understands ideas	constructs abstractions
enjoys peers	prefers adults
grasps the meaning	draws inferences
completes assignments	initiates-not necessarily completes-projects
is receptive	is intense
copies accurately	creates a new design
enjoys school	enjoys learning
absorbs information	manipulates information
is a technician	invents
Memorizes easily	is a good guesser
enjoys straightforward, sequential presentation	thrives on complexity
is alert	is keenly observant
is pleased with own learning	is highly self-critical

Please indicate perceived areas of academic strength: \_\_\_\_\_ reading \_\_\_\_\_ writing \_\_\_\_\_ math  
 \_\_\_\_\_ logical thinking/problem solving

Please make additional comments that you believe are important as you refer this child to be considered for a highly capable cognitive assessment:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*This form refers students to be considered for a Highly Capable evaluation. If it is determined that a student will be evaluated, a separate form will be used to attain parent permission for an evaluation as required by law.**

\_\_\_\_\_/\_\_\_\_\_  
 \* Signature of Person Referring / Date