



*Building Bridges to the Future*

# Riverview School District

## Highly Capable Nomination Nomination Form

***Nomination deadline is April 9***

Child's Name (last, first):		Current Grade:	
Current School:		Teacher:	
Date of birth (M/D/Y)		Male	Female
Primary language spoken by student:			
I would like to nominate this student for consideration of Highly Capable Services. I request assessment review; screening and; if appropriate, further testing. Nominations may be submitted by school staff, parents, student, or community members.			
Signature:		Relationship to student:	
<b>PERMISSION TO TEST</b>			
Parent/Guardian Name (Please Print)			
Mailing Address		City	Zip code
Phone Home	Cell	Work	
Email address			
Does your child need special testing accommodations as specified in a 504 or IEP? If yes, please attach a copy with this form.			Y or N
I give permission for my child to be screened for eligibility and/or for further assessment to determine if my child qualifies as Highly Capable. I understand I will be contacted if my child qualifies for further assessment or Highly Capable services. <b>The deadline for returning this nomination form is Prior to April 9.</b>			
Parent/Guardian signature:			Date:

**This form must be submitted to the Riverview School District with signature via district mail or the US postal service to:**

**Attn: Kristin Edlund, Highly Capable Program  
15510 - 1st Ave. NE  
Duvall, WA 98019**

Date received:

(office use only)

***No outside testing will be allowed. No late nominations will be considered.***