



### REFERRAL FORM FOR THE HIGHLY CAPABLE PROGRAM

Return forms to Tacoma Public School, Curriculum and Instruction Department, Room 328  
601 S 8<sup>th</sup> St, Tacoma, WA 98401-1357  
For further information, please call 253.571.1120.

Student ID Number \_\_\_\_\_ (To be filled in by the Highly Capable Office)

Student's Name \_\_\_\_\_ Female / Male  
(Last) (First) (Circle One)

Date of Birth \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Parent(s) Address \_\_\_\_\_  
Address  
City State Zip

Home Phone ( ) \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Current Grade \_\_\_\_\_ Student's Current School \_\_\_\_\_

Is this a private school? Yes / No (Circle One) If "yes" is your child a resident of Tacoma? Yes / No (Circle One)

Neighborhood Public School (if current school is private) \_\_\_\_\_

Please check any areas below that are appropriate:

Ethnicity/Race: African American Asian Caucasian Hispanic Native American Pacific Islander  
Please circle all that apply. Other (specify) \_\_\_\_\_

Is another language routinely spoken in the home? Yes / No (Circle One) What language? \_\_\_\_\_

Currently in a special program? ESL  Gifted  Special Ed  Other \_\_\_\_\_

Is there a documented need for testing accommodations for this student? Yes / No  
(If "yes" you will be contacted regarding this.)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission to test my child to determine eligibility and/or possible placement in the Tacoma Public School District Challenge Program.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_