Highly Capable Nomination/Consent Form
School Based Program Grades 1-8

Dear Parent(s)/Guardian(s):

The nomination window for next school year’s HI-CAP program for grades 1-8 is open through January 15th.

Students who are nominated and have a signed consent form on file with the Star School District No. 054 administration building by January 15th will be screened in February using:

- Winter DIBELS assessment (grades K and 1)
- Winter AIMS M-Comp assessment (grade 1)
- Winter MAP assessment (grades 2-7)

Only students performing at or above the 90th percentile in reading and/or math will be considered for the qualifying round of HI-CAP identification in the subject area(s) in which they qualify.

Students who meet the screening requirements noted above will qualify for access to additional assessments for the Highly Capable Program.

Steps:
1. The Cognitive Abilities Test (CogAT)
2. Scholastic Math Inventory (SMI) [Grades 2-7] /MAP for Primary Grades Math (MPG) [K-1]
3. Scholastic Reading Inventory (SRI) [Grades 2-7] /MAP for Primary Grades Reading (MPG) [K-1]
4. The McCarney School Version Rating Form (MSVRF) (Teacher Checklist)

Students must score at or above the 90th percentile on the CogAT Assessment (Step 1) to be eligible for steps 2-4. Students must score at or above the 90th percentile on the SMI/MPG math assessment to be considered for HI-CAP Math. Students must score at or above the 90th percentile on the SRI/MPG reading assessment to be considered for HI-CAP reading. Students may qualify in one or both content areas and a continuum of services will be provided.

Your signature below authorizes the Star School District to pursue additional assessments as indicated above for the purposes of qualifying for the Highly Capable School Based Program.

__________________________________________  ____________________________
Student’s Name                                Current Grade/School

__________________________________________  ____________________________
Parent/Guardian Signature                     Today’s Date

***If private/home schooled, please complete the following:

__________________________________________  ____________________________
Parent Name: printed clearly                   Student gender

__________________________________________  ____________________________
Mailing address (street, city, zip code)       Student’s date of birth

__________________________________________  ____________________________
Phone Number
**Process for Appeal**

Parents/legal guardians have the right to appeal the multi-disciplinary selection committee’s decision. Individuals appealing the selection committee’s decision must submit a completed appeal form (F-4) requesting review of selection/placement decision. Grounds for appeal include but are not limited to errors in scoring, testing bias against students who are members of a protected class, and special circumstances including unique, untestable characteristics evident in student performances or products. The written appeal request must include reasons for the appeal and any supporting documentation.

The appeal request and supporting evidence must be submitted to the Superintendent or designee within ten school days of receiving the Committee’s decision. The Superintendent or designee will review the student’s file, assessment data, and additional evidence provided in the request for appeal.

A decision will be made by the Superintendent or designee within ten school days after receipt of the written request for reconsideration. The parent/legal guardian will be notified of the decision in writing. The decision of the Superintendent or designee is final.

**Exit Process**

The exit process from the program involves the teacher, student, parents, the certificated coordinator and/or administrator with responsibility for the supervision of the District’s highly capable program.

Parents may remove their students from the program by contacting their student’s teacher, the certificated coordinator or administrator with responsibility for the supervision of the District’s highly capable program.

All placements in the program are provisional and may undergo periodic review including assessment data, test scores, etc. to ensure that each student is demonstrating consistent academic progress. Should the determination be made that a student is not demonstrating consistent academic progress; a conference to discuss alternatives will be scheduled with parents, teacher, and the certificated coordinator or administrator with responsibility for the supervision of the District’s highly capable program. This may result in a change of placement.
Highly Capable Nomination/Consent Form
School Based Kindergarten Program

Dear Parent(s)/Guardian(s):

The nomination window for the HI-CAP program for Kindergarten is open September 1st – 15th each school year.

All kindergarten students will be screened during August/September using the following:
   DIBELS Comp Reading (at or above 90%-ile)
   AIMS M-Comp (≥ 9)

Students who meet the screening requirement noted above AND also have the parent consent form on file at the Star School District No. 054 by September 15th will qualify for further assessment for the Highly Capable Program and the following measures will be completed at your student’s boundary school.

Steps:
1. MAP for Primary Grades - Math (at or above 90%-ile)
2. MAP for Primary Grades - Reading (at or above 90%-ile)
3. The Cognitive Abilities Test (CogAT) (at or above 90%-ile)
4. The McCarney School Version Rating Form (MSVRF) (Teacher Checklist)

Students must score at or above the 90th percentile on the CogAT Assessment (step 1) to be eligible for additional assessments for identification as HI-CAP (steps 2-4). Students must score at or above the 90th percentile on the MPG assessment to be considered for HI-CAP Math. Students must score at or above the 90th percentile on the MPG reading assessment to be considered for HI-CAP reading. Students may qualify in one or both content areas and a continuum of services will be provided.

In order to be considered for the Highly Capable Program you must provide written consent for the administration of the additional assessments noted above for the purpose of Highly Capable eligibility and submit this form by September 15th.

Your signature below authorizes the Star School District No. 054 to pursue additional assessments as indicated above for the purpose of qualifying for the Highly Capable Program.

________________________________________  __________________________
Student’s Name                                Current Grade/School

________________________________________  __________________________
Parent/Guardian Signature                     Today’s Date

***If private/home schooled, please complete the following:

________________________________________  Student gender  Student’s date of birth
Parent Name: printed clearly

________________________________________  __________________________
Mailing address (street, city, zip code)       Phone Number
Process for Appeal
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The appeal request and supporting evidence must be submitted to the Superintendent or designee within ten school days of receiving the Committee’s decision. The Superintendent or designee will review the student’s file, assessment data, and additional evidence provided in the request for appeal.

A decision will be made by the Superintendent or designee within ten school days after receipt of the written request for reconsideration. The parent/legal guardian will be notified of the decision in writing. The decision of the Superintendent or designee is final.

Exit Process
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All placements in the program are provisional and may undergo periodic review including assessment data, test scores, etc. to ensure that each student is demonstrating consistent academic progress. Should the determination be made that a student is not demonstrating consistent academic progress; a conference to discuss alternatives will be scheduled with parents, teacher, and the certificated coordinator or administrator with responsibility for the supervision of the District’s highly capable program. This may result in a change of placement.
HI-CAP Appeals Form

Student: ___________________________ Grade: ________

Home School: __________________________________________

Parents: ________________________________________________

Address: ______________________________________________

Phone (H) _____________________________________________ (C) ______________________________________

Reason(s) for appeal (check all that apply): The appeal must include the reasons for the appeal as well as any supporting information.

☐ Error in Scoring
☐ Testing Bias
☐ Special Circumstances

Reason(s) for Appeal:

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........................................................................................................
........................................................................................................

(Parent/Guardian Signature) .......................................................... DATE

Send completed form and supporting evidence to your school counselor who will forward them to the Superintendent or designee.

The appeal request and supporting evidence must be submitted to the Superintendent or designee within ten school days of receiving the Committee’s decision. The Superintendent or designee will review the student’s file, assessment data, and additional evidence provided in the request for appeal.

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Adopted: August 21, 2014
HI-CAP Consent for Program Placement

Date:

Your child has met the eligibility requirements for the Star School District No. 054 Highly-Capable Program:

Student’s Name: ___________________________  Student ID: ___________  Grade of Eligibility: _____

Program Eligibility:  ☐ Math  ☐ Reading  ☐ Math/Reading

I consent to my having my child placed in the highly capable program in the Star School District. I understand that this program will provide a continuum of services in the identified areas until high school graduation unless he/she is exited from the program through the process described below.

__________________________________________  __________________________
(Parent/Guardian Signature)  DATE

Phone (H) ___________________________ (C) __________________________

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Adopted: 08/21/2014
HI-CAP Screening and Qualifying for Grades K-6

Identification and placement of students for building based programs occurs in the winter for subsequent year’s placement. Students enrolled from previous year will be automatically rolled up unless withdrawn or exited. Newly nominated students must have signed consent form on file to be assessed for HI-CAP. Students entering kindergarten will be nominated and assessed in the fall.

<table>
<thead>
<tr>
<th>K-6 Highly Capable Program</th>
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<tr>
<td>K</td>
<td>DIBELS Comp ≥ 90 %-ile</td>
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<tr>
<td>1</td>
<td>DIBELS Comp ≥ 90 %-ile</td>
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<td>2-6</td>
<td>MAP ≥ 90 %-ile</td>
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