



Spokane Public Schools  
*excellence for everyone*

## Highly Capable Program Parent/Guardian Permission to Assess Form

**Current School Year:** \_\_\_\_\_

Your child has recently been nominated for screening for involvement in Spokane Public Schools' program for highly capable services.

Parent/guardian permission must be obtained in writing before the district can conduct assessments to determine eligibility for participation in programs for highly capable services.

If you would like to have your child tested, please sign below and return this form to your current school.

**I give my permission to have** \_\_\_\_\_  
*Student's first and last name*

**assessed for Spokane Public Schools' program for highly capable services.**

**Student's current grade:** \_\_\_\_\_

**Student's current school:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_