

**MEDICAL LAKE SCHOOL DISTRICT
HIGHLY CAPABLE PROGRAM
Parent/Community Referral Form**

Please complete the information as fully as possible and submit it to the building office.

Student's Name: _____ Grade: _____ Age: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____

Rate the student on each of the items below. Circle the number that indicates how you perceive the student.

	Low.....			High
1. Has above-average language development	1	2	3	4	5
2. Develops ideas from simple to complex, concrete to abstract	1	2	3	4	5
3. Has an interest and curiosity about many topics	1	2	3	4	5
4. Finds opportunities for initiating or creating projects	1	2	3	4	5
5. Is aware of detail and a keen observer	1	2	3	4	5
6. Draws on internal knowledge to solve problems	1	2	3	4	5
7. Has unusual persistence on a topic of interest	1	2	3	4	5
8. Uses imagination in writing, music or art	1	2	3	4	5
9. Is aware and sensitive to feelings and needs of others	1	2	3	4	5
10. Has 'need to know' or desire to excel	1	2	3	4	5
11. Has unusual ideas or approaches to problem solving	1	2	3	4	5
12. Learns quickly and easily	1	2	3	4	5
13. Can deal with a high degree of complexity	1	2	3	4	5
14. Has a keen or different sense of humor	1	2	3	4	5
15. Needs little external motivation on projects	1	2	3	4	5
16. Enjoys fantasy and elaborating on ideas	1	2	3	4	5
17. Seeks or carries responsibility well	1	2	3	4	5
18. Plays with ideas	1	2	3	4	5
19. Generally directs an activity she/he is involved in	1	2	3	4	5
20. Creates original plays, music or other art works	1	2	3	4	5
21. Has a high level of enthusiasm for learning	1	2	3	4	5
22. Has the ability to concentrate for long periods of time	1	2	3	4	5
23. Reads everything and almost anything	1	2	3	4	5
24. Tells you more than you expected about almost anything	1	2	3	4	5

Describe any special talents or interests of the student:
