

# **SKAMANIA SCHOOL DISTRICT**

## **SCREENER FOR HIGHLY CAPABLE SERVICES**

### **OPT OUT FORM**

**I/We do not want our child (please print your child's name): \_\_\_\_\_  
to participate in the screener testing for highly capable services. I understand that these  
assessments are a part of the required criteria used to determine qualification for highly capable  
services.**

**Reason: \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Name (please print): \_\_\_\_\_**

**Signature: \_\_\_\_\_**

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

**Please return to the main office no later than December 13.**