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.