

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 October 13.