



Student currently enrolled in Seattle Public Schools  
**Advanced Learning Referral for Evaluation**  
**Grades K-8**

(Forms for Grades 9-12 will be available in January)

**Step 1: Parent/Guardian Rating Scale (Required)**

Student Last Name	First Name	Middle	Seattle Public Schools ID# (Required)
Petersen	Sibell	Frieda	8119635

**Directions:** Please read each statement carefully and mark the **ONE** number that best describes your child.

1 = Never true;      2 = Rarely true;      3 = Sometimes but infrequently true;      4 = Neutral;  
5 = Sometimes true;      6 = Usually true;      7 = Always true

**Note:** Click on each descriptor and use tab key to select appropriate rating

Verbal Skills							
1	2	3	4	5	6	7	
					x		Has a PROFOUNDLY advanced vocabulary for his/her age
					x		Seems to continuously talk and ask questions
						x	Accurately recalls and quotes statements
					x		Asks “too many” questions
					x		Modifies language according to audience/situation

Critical Thinking							
1	2	3	4	5	6	7	
					x		Exhibits strong analytical thinking skills
				x			Argues or becomes impatient with others, especially when the others don’t catch on as quickly
					x		Exhibits strong executive functioning and problem solving skills
					x		EASILY summarizes information
			x				Exhibits strong critical thinking skills

Learning Behaviors							
1	2	3	4	5	6	7	
					x		Understands information quickly
					x		Demonstrates EXCEPTIONAL ability to remember what has been learned
				x			Wants to work on more difficult things
						x	Has EXCEPTIONAL knowledge in special-interest area of choice
					x		Doesn’t finish regular assignments because he/she wants to spend time on projects he/she thinks are more interesting

Motivation							
1	2	3	4	5	6	7	
				x			Doesn’t want/need much direction to complete a task; likes to figure it out by self
				x			Does not ask for help
					x		Is VERY interested in certain topics/projects; wants to work on them all the time
				x			Does not attend to requests or tasks directed by others
					x		Can sustain concentration for long periods of time

Creative Thinking						
1	2	3	4	5	6	7

					x		Values nonconformity in appearance or thought
				x			Sees endless possibilities for various situations or uses for objects
				x			Has sophisticated sense of humor; loves to play with words or ideas
					x		Uses materials in unusual ways; makes up elaborate stories or excuses
				x			Sees connections between apparently unconnected ideas and activities; perceives subtle cause/effect relationships

Social-Emotional						
1	2	3	4	5	6	7

					x		Is sensitive to others' feelings; VERY concerned with fairness
				x			Is a perfectionist and/or becomes frustrated with mistakes
			x				Prefers interacting with older students and/or adults
				x			Fears failure and/or avoids risk-taking; has difficulty dealing with criticism
			x				Is self-critical; sets unrealistically high goals

## ACADEMIC SKILLS

Reading Skills						
1	2	3	4	5	6	7

					x		Is an EXCEPTIONALLY strong reader compared to others his/her age
					x		Demonstrated reading ability at an early age
					x		Reads books/texts that are SIGNIFICANTLY more complex than age/grade level

Math Skills						
1	2	3	4	5	6	7

					x		Is EXCEPTIONALLY interested in math compared to others his/her age
						x	Showed interest in numbers at an early age
					x		UNDERSTANDS math processes and calculations that are SIGNIFICANTLY more advanced than age/grade level

## COMMENTS (Optional)

## Advanced Learning Referral for Evaluation Step 2: Parent/Guardian Permission Form (Required)

THIS SIGNED REFERRAL FOR EVALUATION FORM IS REQUIRED PRIOR TO ALL TESTING.  
(Fall/Winter Testing Session 2015-2016 to determine eligibility for school year 2016-17)

Student Last Name <b>Petersen</b>	First Name <b>Sibell</b>	Middle <b>Frieda</b>	Current Grade (2015-16) <b>K</b>
Parent/Guardian Name <b>Dirk Petersen</b>			School Assignment (2015-16) <b>West Woodland</b>
Home Address <b>6016 7th Ave NW</b>	City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98107</b>
Teacher Name (LA grades 6-8) <b>Kathryn Hethcote</b>			
Phone Number(s) <b>206-354-9830, 206-779-7422</b>			Date of Birth (mm/dd/yyyy) <b>11/15/2009</b>
E-mail address <b>upeters@fredhutch.org , dpetersen@internetchen.de</b>			Gender <b>F</b>
If your child needs special testing accommodations, please check specified plan: <input type="checkbox"/> IEP <input type="checkbox"/> 504 * <input type="checkbox"/> Other (504 or IEP in progress, medical, etc.) *			First Language Spoken at Home <b>German</b>
*Send a copy of documentation to the address at the top of this form as early as possible prior to testing. We cannot schedule accommodated sessions without this information.			Second Language Spoken at Home <b>English</b>
(Optional): Our family is eligible for the Free and Reduced Lunch program <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Parents/Guardians:</b> Please check here as confirmation <input checked="" type="checkbox"/> I grant permission for my child to be assessed for Advanced Learning programs. Assessments may include tests of cognitive ability and/or reading and math achievement tests. I have been provided access to the procedures for <a href="#">identification</a> , <a href="#">program options</a> , and <a href="#">the appeal process</a> (WAC 392-170-047). Should my student be found eligible for Highly Capable Services or Advanced Learning Programs, I grant permission to place/initiate services. <input checked="" type="checkbox"/> I certify that this information is accurate and that my typed name below constitutes my authorized signature.			
<b>Type name of Parent/Guardian as proof of <u>Signature</u> (Required)</b>			
Your signature <u>Dirk Petersen</u>			Date <u>09/30/2015</u>
After Saving your form, please email to the address below.			

**SAVE FORM**

**E-mail signed forms to:** [alsupportanalysts@seattleschools.org](mailto:alsupportanalysts@seattleschools.org). **Electronic signature will be accepted to process application.**  
**At time of testing your signature will be required as proof of consent for testing.** To better assist us with your nomination, please enter the following in the Subject Line of your email: "Application\_Student Name"

**Forms are due in the Advanced Learning Office NO LATER THAN October 8, 2015.**  
**No late forms will be accepted.**