



***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: _____