



Equipping every student to engage, thrive, and contribute in an ever-changing world.

***Highly Capable Opt Out Form
Kindergarten WaKIDS Assessment***

I/We do not want our child (please print your child's name): _____
to participate in the upcoming WaKIDS assessment. 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 at your child's school within the first week of the school year (typically,
the first week in September).