

Example Template for HAL Portability - Nebraska Rule 3

Purpose

Nebraska Rule 3 (2025) states:

“Each school district or combination of districts must establish and implement procedures for the statewide portability of an identification as a learner with high ability, including but not limited to: Transferring the evidence for any such identification and information about any high ability services received with the student records if a student leaves the school district prior to graduation;”

The intention is to support districts in documenting a student’s identification for High Ability Learning (HAL) services in a way that is:

- Aligned to Nebraska Rule 3
- Clear and defensible for monitoring or audit purposes
- Flexible enough to reflect local identification criteria and service models

This documentation is intended to provide a template to be placed in the student’s cumulative file and updated as appropriate.

What Should Be Documented:

At minimum, cumulative file documentation should clearly show:

- Who the student is
- How the student qualified (criteria used)
- In what area(s) the student qualified
- What services the student receives

Customization:

Districts should consider the template and requirements and ensure documentation remains clear, consistent, and aligned to local board-approved procedures.

Districts may:

- Modify language to reflect local terminology
- Add or remove sections as necessary
- Align checkboxes to district-approved tools
- Integrate the form into existing cumulative file systems

Why This Matters:

Clear cumulative file documentation:

- Promotes consistency across schools
- Supports continuity of services during transitions
- Strengthens communication with families
- Provides clarity during monitoring or review

High Ability Learner Cumulative File Template Example 1

Districts may adapt this form to reflect local identification criteria, assessments, and service models.

[District Name] identifies students for High Ability Learning (HAL) services using multiple sources of information. This form documents the student's area(s) of identification and the services provided and is maintained in the student's cumulative file.

Student

Student Name: _____

Student ID: _____

Date of Birth: _____

School: _____

Grade at Identification: _____

Date of Identification: _____

Area(s) of High Ability Identification

(Check all that apply)

- Reading / Language Arts
- Mathematics
- Science
- Social Studies
- Creativity
- Leadership
- General Intellectual Ability
- Other (district-defined): _____

Identification Criteria Used

(Check all that apply)

Quantitative Measures

- Standardized Achievement Test
Assessment Name: _____
- Cognitive / Ability Assessment
Assessment Name: _____
- Universal Screener
Assessment Name: _____

- Classroom-Based Assessment
- Performance Task / Product
- Other Quantitative Measure (district-defined): _____

Qualitative Measures

- Teacher Recommendation / Rating Scale
- Parent/Guardian Input
- Student Work Samples
- Observation Checklist
- Student Interview / Interest Inventory
- Other Qualitative Measure (district-defined): _____

Services Provided

(Check all that apply – based on student needs and district offerings)

Instructional Services

- Differentiated Instruction in General Education
- Curriculum Compacting
- Acceleration (subject-based or grade-based)
- Enrichment Opportunities
- Advanced Coursework
- Small-Group Instruction
- Independent Study / Project-Based Learning
- Virtual / Distance Learning Options
- Other (district-defined): _____

Service Delivery Model

- Within General Education Classroom
- Pull-Out Services
- Cluster Grouping
- Self-Contained Course
- Hybrid / Combination Model
- Other (district-defined): _____

Parent/Guardian Communication

- Parent/Guardian notified of identification
Date: _____
- Parent/Guardian notified of services provided
- Written documentation on file

Notes / District-Defined Information

School Verification

- Staff Completing Form: _____
- Role/Title: _____
- Date: _____

High Ability Learner Cumulative File Template Example 2

[District Name] identifies students for High Ability Learning (HAL) services using multiple sources of information. This form documents the student's area(s) of identification and the services provided and is maintained in the student's cumulative file.

Student Information

- **Student Name:** _____
- **School:** _____
- **Grade:** _____
- **Date of Identification:** _____

Area(s) of High Ability Identification

- Reading / Language Arts
- Mathematics
- Other: _____

Identification Criteria Used

(Check all that apply)

- Standardized achievement assessment
- Cognitive/ability assessment
- Universal screener
- Teacher input or rating scale
- Classroom performance/work samples
- Other district-approved criteria: _____

Services Provided

- Differentiated instruction
- Enrichment opportunities
- Acceleration (subject or grade level)
- Small-group or pull-out services
- Other: _____

Service Setting

- General education classroom
- Pull-out or small-group setting
- Combination / hybrid model

Verification

Completed by: _____

Role/Title: _____

Date: _____