Date Sent:___/___/___

Academically/Intellectually Gifted Services
Prior Notice and
Parent/Guardian Consent
For Evaluation

Student_____**Grade**_____**School**_____

Dear_____**:**

School personnel have recognized the need for gathering more information on your child. The proposed screenings and evaluation(s) by qualified personnel will include the use of one or more of the tests below to help determine his/her strengths and needs for differentiated services.

AREA	**INFORMATION**
Physical Health	Vision, hearing, motor, medical screening/evaluation
Educational	Reading, mathematics, and other subjects Group or individual assessment achievement tests Observation
Psychological	Mental ability, emotional developmental, perceptual development, and adaptive behavior evaluation
Social Appraisal	Social, personal, behavioral and developmental history
Communication Skill	Understanding and using spoken language screening and evaluation
Intellectual	Group or individual intelligence tests
Developmental	Cognitive, fine motor, gross motor, self-help skills, social development history, observation

PARENT CONSENT

Please sign A or B and return to :_____

A. ***Yes,*** I give my permission for my child to receive evaluation services.

_____ ___/___/___ _____
Signature Date Relationship

B. ***No,*** I do not give permission for my child to receive evaluation services.

_____ ___/___/___ _____
Signature Date Relationship