

Request for Permission for Referral and Assessment

Student _____ Date _____

School _____ Gifted Ed. Contact _____

Your child has been nominated as a candidate for gifted education services. The School Gifted Review Committee will consider information from several sources in determining whether or not your child will be eligible for services. The types of assessments to be considered are listed below.

- **Parent rating scale.** Please complete the attached rating scale and return it to your child’s school.
- **Teacher rating scale/s.** Rating scales similar to the one for parents are completed by teacher/s who know your child well.
- **Observations in the classroom.** The gifted resource teacher, classroom teachers, and other school personnel will share information about classroom observations.
- **Portfolio assessment.** Samples of your child’s work and accomplishments will be shared with the School Gifted Review Committee.
- **Testing information.** Currently available assessment information including results of standardized achievement and ability tests will be reviewed.
- **Academic record.** Currently available progress reports will be reviewed.
- **Transfer records.** Information from last school will be reviewed.

If additional assessments are required, you will be notified before the committee review. Please sign below indicating your permission for your child to be evaluated as indicated above by the school Gifted Review Committee.

Upon completion of the reviews, you will be notified of your child’s status regarding eligibility for gifted education services.

Please indicate your decision regarding the referral of your child for committee review.

_____ Yes, I give permission for my child to be assessed as indicated above to determine whether or not he/she is eligible for gifted education services.

_____ No, I do not give permission for my child to be assessed to determine eligibility for gifted education services.

Signature _____ Date _____
Printed Name _____ Relationship _____