

## Notice of Consideration for the Gifted and Talented Education Program Gifted Referral and Parental Permission Form

Dear Parent(s)/Guardian,

Your child is being considered for gifted and talented services. Further evaluation is necessary and requires your parental consent. Once the evaluation process is complete, you will be notified of the results.

NOMINATION/REFERRAL INFORMATION					
School: Morris Brandon		School Code: 43091		Date:	
Student's Name:			Race:	Gender:	Grade:
Date of Birth:		FTE:		GTID:	
Parent/Guardian(s): Margaret & Andrew Abernathy					
Address				Apt.	
City, State, Zip Code				Home Phone	
Mother's Daytime Phone			Father's Daytime Phone		
Parent/Guardian Email address					
Length of Time in U.S.		Child's Primary Language			
Primary Language spoken in the Home					
If not English, who communicates with the parents					
504 Accommodations					
Glasses		Hearing Aid(s)		Other Special Needs	
Physical/Medical Considerations					
Source of Referral	Teacher	Parent	Automatic	Peer	Other
PARENTAL CONSENT FOR EVALUATION					

In order for evaluation to be conducted, you must provide signed consent. Please indicate your decision, sign and return this form. Please contact the school for additional information about the assessment process. Completion of the process will take a minimum of 90 days. You will be notified of the results in writing as soon as an eligibility decision is made.

\_\_\_\_\_ I give permission for my child to be evaluated by Atlanta Public Schools Personnel

\_\_\_\_\_ I do not give permission for my child to be evaluated by Atlanta Public Schools Personnel.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_