

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

Student homeroom: _____

(Please place a completed hardcopy in Ms. Slack's mailbox)

Dear Parent(s)/Guardian,

Your child is being considered for gifted and talented services. Further evaluation is necessary and requires your parental consent. Please return this form to your local school. You will be notified of results when the process is complete.

NOMINATION/REFERRAL INFORMATION

School		Springdale Park Elementary		Date September 30, 2019 - 1st look	
Student's Name		Race	Gender	Grade	
Date of Birth	FTE/IC #	GTID			
	<small>For School Use Only</small>	<small>For School Use Only</small>			
Parent/Guardian(s)					
Address				Apt.	
City	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/IEP Accommodations					
Glasses	Hearing Aid(s)	Other Special Needs			
Physical/Medical Considerations					
Source of Referral	Teacher	Parent <input checked="" type="checkbox"/>	Automatic	Peer	Other

PARENTAL CONSENT FOR EVALUATION

In order for an 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

Please submit this form to the Gifted and Talented teacher or eligibility chair at your child's school.