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| E – Special Programs: Gifted and Talented – Parent Permission | **EHBB EXHIBIT-2** |
| Page 1 of 1 |  |
| Special Programs - 2025 | |

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|  | | **SSAISD GIFTED & TALENTED (G/T) EDUCATION PARENT/GUARDIAN PERMISSION** | |

I, the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,   
  
who attends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for my child to be tested for placement in South San ISD Gifted and Talented Education Services. I understand the timeline of testing and that the campus staff will administer the assessments. I acknowledge that I will be notified of my child’s results in early January.

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

Yo, el padre o tutor de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,   
  
que asiste \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ doy mi permiso para que mi hijo sea evaluado para su colocación en los Servicios de Educación para Dotados y Talentosos de South San ISD. Entiendo el cronograma de las pruebas y que el personal del campus administra las evaluaciones. Reconozco que se me notificarán los resultados de mi hijo a principios de enero.

Firma del padre/tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha \_\_\_\_\_\_\_\_\_\_\_