

PERMISSION TO EVALUATE

***** Student

Date: _____

Name and Address of Parent

Student's Name: _____

Dear:

Your child has been referred for evaluation for the following reason(s):

The school district requests your consent to conduct a Gifted Multidisciplinary Evaluation (GMDE). We must have your consent before we can begin. In the evaluation, we will review your child's educational needs and strengths as shown by educational performance levels, assessment results, classroom observations, and information from you. Specific types of tests and procedures that will be used in the evaluation include the following:

The evaluation is proposed for the following date(s):

The school district will form a Gifted Multidisciplinary Team (GMDT) to conduct the evaluation. As parent(s), you are a member of the team. If a team meeting is held you will be invited. The multidisciplinary evaluation process will include information from parents or others who interact with the student on a regular basis, and may include information from the student if appropriate. If you want to send written comments, please do so.

The Gifted Multidisciplinary Team will prepare recommendations as to whether your student is gifted and in need of specially designed instruction. This information will be outlined in a Gifted Written Report (GWR) and will be given to the Gifted Individualized Education Program (GIEP) Team. The Evaluation is to be completed and the Report is to be disseminated to you within 60 school days of receipt of your consent to evaluate.

Please read the enclosed Notice of Parental Rights, that includes parent resources such as state or local advocacy organizations. If you have any questions, or if you need the services of a translator or an interpreter, please contact me.

Name

Position

Phone

E-mail Address

DIRECTIONS FOR PARENTS: Please check the appropriate item(s), sign and return this form to the person below.

- I give consent to start an initial Gifted Multidisciplinary Evaluation as you propose.
- Please contact me. I am not ready to give consent for an initial Gifted Multidisciplinary Evaluation at this time and would like to talk about this.
- I object to the proposed initial Gifted Multidisciplinary Evaluation. Please do not begin the process at this time.
- I object to the proposed initial Gifted Multidisciplinary Evaluation; however, I would like to schedule:
 - Mediation*
 - Due Process Hearing*

Parent(s) Signature

Date

Daytime Phone

E-mail Address

School District Contact:

* The enclosed Notice of Parental Rights provides information on the options listed above.