



**Clear Creek Independent School District
Parental Consent for Assessment for Gifted and Talented Services**

If you would like for your child to participate in the assessment process, we need the following information. Please verify that your information is correct in Skyward.

Student Name: Last		First	Middle	School	School Year
Teacher			Telephone (Home)	Parent Telephone (Work)	Date of Birth
Gender (M/F)	Grade*				

Is there anything we need to know about your child for the testing situation? _____

What language is spoken in your home most of the time? _____

What language does your child speak most of the time? _____

Does your child receive bilingual or EB services in CCISD? _____

_____ **I decline testing at this time.**

Parent Email Address: _____

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Return to Advanced Academics Specialist on your child's campus.