

<p><b>TANGIPAHOA PARISH SCHOOL SYSTEM</b>  <b>SPECIAL EDUCATION / PUPIL APPRAISAL SERVICES</b>  <b>PERMISSION FOR GIFTED SCREENING</b></p>
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\_\_\_\_\_ Date \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: \_\_\_\_\_  
Pupil Appraisal Representative

SUBJECT: Parental permission for gifted screening

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Your child, \_\_\_\_\_, has been referred to the School Building Level Committee because he/she is suspected of being gifted. Results of the review of cumulative records indicated additional screening needs to be conducted by Pupil Appraisal staff to assess achievement in reading and math and/or intellectual abilities to determine if a gifted evaluation is warranted. In order to do further screening, parental permission is required. Please indicate your decision by checking one of the boxes below.

- Yes, I would like for my child to be given a screening test to assess achievement in reading and math and/or intellectual abilities to determine if a gifted evaluation is warranted. I give permission for the Pupil Appraisal staff to do further testing.

Parent's signature: \_\_\_\_\_

- No, I am not interested in having my child tested further to determine a need for a gifted evaluation.

Parent's signature: \_\_\_\_\_

If you have questions or concerns, please contact me at (985) 310-\_\_\_\_\_.