



CHISD Gifted and Talented Program
Parent/Guardian Permission Form for the Gifted and Talented Program

Dear Parent/Guardian of _____,

Your child has been nominated for consideration for placement into the Gifted and Talented Program in the Cedar Hill Independent School District. This program is designed to meet the educational needs of identified gifted students by providing a differentiated curriculum. We would like to test your child to see if he/she meets the qualifications for the GT program. Standardized test scores, achievement scores, gifted assessments, a teacher report, a parent report, and an academic work sample will be used by the Gifted and Talented / Advanced Academics Committee to determine if placement into the GT Program is appropriate.

You will be notified in writing of the campus's Gifted and Talented / Advanced Academics Committee's decision regarding program placement. If you have any questions or concerns, please feel free to contact me.

Counselor _____

Date _____

Contact Phone Number _____

Student's Name _____ Campus _____

Date of Birth _____ Gender: M F Grade: _____ ID# _____

Parent or Guardian _____

Address: _____
(Student's place of residence)

Parent Phone Number: _____ E-mail: _____

Please sign below in both boxes.

Permission for Testing
Cedar Hill Independent School District has permission to test my child for the Gifted and Talented Program.
YES _____ NO _____
Signature: _____ Date: _____

Permission for Placement
After testing, if my child is identified by the campus Gifted and Talented / Advanced Academics Committee as qualifying for gifted and talented services, I give CHISD permission to place my child in the Gifted and Talented Program.
Signature: _____ Date: _____

Please return the signed form to your student's counselor.