

TANGIPAHOA PARISH SCHOOL SYSTEM
PERMISSION FOR TALENTED SCREENING
ART, MUSIC, THEATER

TAP2

Date

TO: _____

Parent Name, Address, Email, and Phone Number

FROM: _____
Teacher/Talented Representative

SUBJECT: Parental permission for talented screening

Your child, _____, has been referred to the School Assistance Team because he/she is suspected of having unique talent in _____. Additional Screening is needed to determine if a state evaluation is warranted. In order to have the screening completed, parental permission is required. Please indicate your decision by checking one of the circles and sign below.

- Yes, I would like for my child to be screened to determine if a state talented evaluation is warranted. I give my permission for the talented teacher above to do further screening.

Parent's Signature: _____ Date: _____

- No, I am not interested in having my child screened further to determine if a state talented evaluation is warranted.

Parent's Signature: _____ Date: _____

If you have any questions or concerns, please contact me at _____