

Permission to Evaluate

For District Use Only - Date of receipt of *Permission to Evaluate*: _____

School personnel must issue this form to obtain written consent from a child's parent/guardian to conduct an initial evaluation.

☐ Oral Request by Parent Date: _____

☐ Written Request by Parent Date: _____

Student Name:

Name and Address of Parent:

Dear _____,

The school district requests your consent to conduct a Gifted Multidisciplinary Evaluation. We must have your consent before we can begin.

In the evaluation, we will investigate information relevant to your child's suspected giftedness, including academic functioning, learning strengths and educational needs as shown by present levels of educational performance, assessment results, classroom observations and information from you. We will also be looking for an indication of demonstrated achievement, performance or expertise in one or more academic areas. Specific types of tests and procedures that will be used in the evaluation include the following:

The school district will form a Gifted Multidisciplinary Team to conduct the evaluation. As a parent(s), you are a member of the team. You will be invited to all team meetings. 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 determine whether your child is gifted and in need of specially designed instruction. This information will be outlined in a *Gifted Written Report*. If the team determines your child is eligible for specially designed instruction the *Gifted Written Report* will be given to the GIEP team. As a parent(s), you are also a member of the GIEP team. You will be invited to all team meetings. The Gifted Multidisciplinary Evaluation is to be completed and the *Gifted Written Report* is to be delivered to you within 60 calendar days of receipt of your consent to evaluate.

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

Name

Position

Phone Number

Email Address

Directions for Parents

Please check the appropriate item(s), sign and return this form to the person above. The school district may request a hearing to proceed with a reevaluation if you fail to respond to this request.

☐ 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 request mediation

☐ I would like an impartial due process hearing

Parent Signature

Date

Daytime Phone Number

Email Address

_____ I have received a copy of the *Notice of Parental Rights for Gifted Students*. (Initial)

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