



SAN ELIZARIO INDEPENDENT SCHOOL DISTRICT

A Proud Community of Champions – Soaring to Excellence



Gifted and Talented Education Permission to Test

Date: _____

To the Parents/Guardians of: _____

Your child has been identified as having certain strengths, which may qualify him/her for possible placement in the Gifted and Talented (GT) Program. Your child will be required to be evaluated for the program using both qualitative and quantitative measures. In order to be eligible to participate in the GT program, a committee of 3 campus educators will evaluate your child's testing results and other documentation, to determine if he or she demonstrates potential to excel beyond age level peers in one or more of the four core academic areas (language arts, math, science, social studies). The campus GT committee will meet and make final recommendations, and you will be notified of the results. Please indicate below whether we have your consent to administer the necessary tests required by the GT identification process.

_____ I give consent for my child to be tested for GT.
(Initial)

_____ I do not give consent for my child to be tested for GT.
(Initial)

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Student Name

Campus

DEPARTMENT OF CURRICULUM AND INSTRUCTION