PINELLAS COUNTY SCHOOLS

GIFTED ONLY- Informed Notice and Consent for Evaluation

Student Name_____	Grade _____
Student D.O.B _____	Date _____

Note: This consent form is for GIFTED ONLY. If there is a suspected disability and giftedness, please use the "ESE PEER Notice and Consent for Initial Evaluation"

Note: The term "Gifted Evaluation" refers to the process of considering a students evlautations to make an eligibility determination.

Dear Parent/Guardian,

School personnel have proposed that your child to go through our gifted eligibility determination process. This is based on your child's current educational performance and/or any previous evaluations which were used as a base for this proposal.
Gifted Screening: [ ]KBIT [ ]NNAT [ ]CogAT Score:_____ Percent_____%

The gifted eligibility determination process is recommended to determine: the educational needs of your child; whether your child has an exceptionality; and whether, as a result of that exceptionality, your child needs special educational and related services.
Suspected Area of Exceptionality: [✓] L – Gifted

The state of Florida requires districts to consider 3 evaluations before gifted eligibility is determined. We must have your informed written consent before the following evaluations are conducted. Please indicate your decisions below; sign and date.

Proposed evaluations to consider for gifted eligibility determination:

[✓] **The gifted characteristics checklist** – *PCS FORM 2-2592 or 2-3593 Part 1*

[✓] **The need for special programming** – *PCS FORM 2-2592 or 2-3593 Part 2*

[✓] **Assessment of student's intellectual development (IQ)** (Evaluations can be done through our district or obtained privately. Please select.)

[ ] **Consent for a district administered IQ Evaluation**: a school psychologist administers an intellectual evaluation and aims to complete all testing within a 90 school-day window. This includes a one-time vision and hearing screening conducted by school health staff if such a screening is not already on file. Concerns relating to the results of vision and hearing screenings may result in corrective measures needed prior to IQ evaluation and the evaluation process may be halted during this time.

OR

[ ] **Consideration of a privately obtained IQ Evaluation:** families acquire an intellectual evaluation (IQ) by a private, licensed psychologist. Completed at families' expense.

INFORMED CONSENT FOR GIFTED EVALUATIONS	
We must have your informed written consent before we can consider the proposed evaluations above. Please check the box to indicate your decision. Sign and date the form at the bottom.	
	Yes, I consent to the proposed evaluations. I have received and understand the Procedural Safeguards provided.
	No, I do not consent proposed evaluations. I have received and understand the Procedural Safeguards provided.
_____ Signature of Parent/Guardian	_____ Date

You will receive a copy of all evaluation and eligibility documentation. Your specific rights concerning this proposal are described in your Procedural Safeguards. If you want additional information on the proposed evaluation, or need to request a copy of your Procedural Safeguards please contact:

_____ School Personnel Name/Title _____ School _____ Telephone Number

You may also contact the Gifted Compliance Diagnostician for Pinellas County Schools at 727-538-7167 ext 2159