



Consent for Screening and/or Assessment for Gifted Identification

I hereby give my permission for _____ (Student Number _____)
Student's Name **(School can complete)**

(Student Date of Birth: _____)

to receive an individual and/or small group assessment by designated school personnel. I understand that information gained will be used as an aid in educational planning.

I further understand that this information will be treated as confidential; shared only with appropriate educational personnel.

This information will not be released without my prior consent.

Parent/Guardian Signature: _____

Relationship to Student: _____

Student's School: _____ Classroom Teacher Name: _____

Grade: _____

Student's Home Address:

Home Telephone Number: _____

Parent/Guardian E-mail: _____

Please return to: Building Gifted Specialist