



**PERMISSION TO TEST FOR POSSIBLE
PLACEMENT IN THE GIFTED AND
TALENTED PROGRAM**

Dear Parent,

Your child has been nominated for the Gifted and Talented program. In order for us to complete the identification process, further assessment is needed. If you approve, he/she will be assessed to determine his/her eligibility to participate in the Gifted and Talented program.

Please complete the form giving your permission for your child to be tested and return it to your child's teacher within the next two to three days, but no later than _____.

If you should have any questions or need any further information, please contact the campus GT contact person.

**NO SCREENING WILL TAKE PLACE WITHOUT
THE WRITTEN PERMISSION OF
THE PARENT OR GUARDIAN.**

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- Yes, I give permission for my child to be evaluated for possible placement in the Gifted and Talented program.
- No, I do not give permission for my child to be evaluated for possible placement in the Gifted and Talented program.

Student Name

Signature of Parent/Guardian

Date

It is the policy of the Mission CISD not to discriminate on the basis of sex, age, handicap, religion, race, color, or national origin in its educational programs.

Es póliza del Distrito Escolar de Mission el no discriminar por razones con base en sexo, edad, religion, raza, color, origen nacional, ni por discapacidad dentro de sus programas educacionales.