**Notice of Consideration for the Gifted Education Program**

Dear Parent/Guardian(s),

As a result of [test scores, teacher observations and/or school records], your student, [Student Name] is being considered for gifted education services. Further evaluation is necessary and requires your parental consent.

The school would like to conduct the following assessments to build a complete body of evidence for review by the school’s gifted identification team:

* [List assessments to be conducted]

If you have any questions about the assessment process, please contact [Name of Gifted Lead or School Psych] at [Phone Number].

**Permission to Test Form**

I grant permission for my student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be assessed by designated [School Name] personnel using assessment instruments approved by the State of Colorado and included in the school’s approved identification plan for identification of gifted students. Within thirty days of completion of assessment, I will be informed of whether or not my student qualifies, according to the State of Colorado criteria for gifted identification.

(Choose one)

* I give permission for the assessment(s) to be conducted.
* I do not give permission for the assessment(s) to be conducted.

Parent/Guardian Name:

Signature:

Daytime telephone:

Email:

Date: