

Patrick County Public Schools
104 Rucker Street – P.O. Box 346
Stuart, VA 24171

Parental Permission for Evaluation

Student: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian: _____

Address: _____
Street/P.O. Box City State Zip code

Phone: _____ Email: _____

I understand that Patrick County Public Schools is in the process of identifying students who possess or demonstrate the potential for possessing gifted behaviors. I further understand that:

1. The evaluation will include, but not be limited to:
 - a. Existing ability and achievement test data
 - b. Exemplary student performance, unique products and/or achievements
 - c. Parent and teacher recommendations
2. Individual academic/ability assessments will be administered as needed.
3. I have the right to refuse permission for the evaluation.
4. I have the right to review my child's record.
5. I have the right to be informed of the results of the evaluation following the identification/placement committee's decision.

_____ I **give permission** for Patrick County Public Schools to proceed with the evaluation described above.

_____ I **do not** give permission for Patrick County Public Schools to proceed with the evaluation as described above.

Signature of Parent/Guardian: _____ Date: _____

Please return this form to the gifted resource teacher at your school.