

**Jacksboro Independent School District  
Gifted and Talented  
Reassessment Permission Form**

Dear Parent/Guardian,

Your child as a student that voluntarily exited the GT Program, will need to undergo the selection process which will include testing to see if he/she would benefit from Gifted and Talented services at Jacksboro ISD. Reassessment is required for all G/T students that have been exited from the program. The Gifted/Talented Committee will look at numerous pieces of information before a decision will be made about continuing G/T services to meet your child's needs. After the student is reassessed and the Gifted/Talented Committee has evaluated all information by a blind process, the Committee will determine what is best for your child based on your child's assessment data. You will receive written notification of the decision made by the committee.

Please return this form to your child's teacher as soon as possible if you would like the school to reassess your child. If you elect to not have your child reassessed, he/she will remain exited from the program. Thank you for your cooperation.

Sincerely,

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_ Yes, I give my permission for you to reassess my child for Gifted/Talented Services.

\_\_\_\_\_ No, I do not wish to have my child retested at this time. I understand he/she will remain exited from Gifted/Talented services.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date