

**Jacksboro Independent School District
Gifted and Talented**

Test Permission Form

Dear Parent/Guardian,

Your child has been referred for testing to see if he/she would benefit from Gifted and Talented Services for Jacksboro ISD. To receive proper services, your child will need to be assessed. The Gifted/Talented Committee will examine numerous pieces of information before eligibility for services can be established. After the student is tested 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 assess your child. Thank you for your cooperation.

Sincerely,

Student's Name: _____

Grade: _____ Teacher: _____

_____ Yes, I give my permission for you to assess my child for Gifted/Talented Services.

_____ No, I do not wish to have my child tested at this time.

Printed name of Parent/Guardian

Signature

Date