

Permission to Evaluate Form

Student Name: _____ Grade: _____
Parent/Guardian Name: _____ Phone: _____
Mailing Address: _____
Email Address: _____

**Please complete Part I to give permission or Part II to refuse permission.
Return this form to your child's school.**

PART I - Permission to Evaluate

Your signature below indicates PERMISSION to conduct an evaluation of the above child's eligibility for the Siuslaw School District's TAG Services using one or more of the following tests:

- KBIT (Kaufman Brief Intelligence Test)
- WOODCOCK Johnson (Reading)
- WOODCOCK Johnson (Cognitive)
- WOODCOCK Johnson (Achievement)

Parent signature _____ Date: _____

Comments (Optional): *Please include any information about your child that you feel would be relevant to the evaluation process.*

PART II - Please Do Not Evaluate

Your signature below indicates that **YOU DO NOT WANT** your child to be evaluated for the Siuslaw School District's Talented and Gifted Services at this time.

Parent signature _____ Date: _____

Comments (optional):