



Student Support Services

## Parent Consent for Gifted Program Screening and Pre-Referral

Student Name: _____	Today's Date: _____		
Student #: _____	School: _____	Grade: _____	
Date of Birth: _____	Sex: _____	Race: _____	Primary Language at Home: _____
Parent/Guardian Name: _____			
Parent/Guardian Address: _____			
Parent/Guardian Home Phone: _____		Work Phone: _____	

I have read and understand my rights as described in the attached "Summary of Procedural Safeguards for Students Who Are Gifted." I consent for my child to be screened by school staff with these tests or instruments:

- SAGES III
- Other Achievement Test: \_\_\_\_\_
- Other Group or Individual Ability Test: \_\_\_\_\_
- Pre-referral checklist of student characteristics

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_