

Alachua County Public Schools, 620 East University Avenue, Gainesville, Florida 32601  
**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:

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Designee Signature

\_\_\_\_\_  
Date