**Month Day, Year**

Dear Parent/Guardian,

Either you or one of your child’s teachers has noticed a strength that is above and beyond one typically seen in children. I am writing to provide a clearer picture of the gifted evaluation process and gain your permission for this. What should I expect for my child? The gifted evaluation includes a number of assessments including your input, teacher rating scales, observation, an individual test of cognitive abilities, and other information if necessary. Here is a closer look.

1. **Parent rating scales and/or narrative.**  You will complete a rating scale and a brief narrative about your child, his/her behaviors, interests, and strengths.
2. **Teacher rating scales and/or narrative.** One or more teachers will complete a rating scale describing your child’s academic behaviors in the classroom. They will also be asked to submit a brief description of your child’s performance in class.
3. **Observation.** A teacher will observe your child during an academic class and submit a summary. Please do not tell your child about this observation. We want to make sure that this is a time when your child is relaxed and in his natural environment.
4. **Cognitive assessment.** A school psychologist will work with your child to complete a test of cognitive abilities (including both verbal and nonverbal reasoning).We will not be able to give you advance notice of this assessment; however, feel free to notify your child that an adult may be working with him/her one day in the next month or two.Keep the explanation low-key and relaxed. Example: “Sometime in January or February an adult will work with you on puzzles and riddles. I want you to do your best, and I think you’ll really enjoy it.” If he/she asks more questions, you can say, “Your teachers want to make sure that school isn’t too easy or too hard, but just right. This test will help them with this.”
5. **Other components.** These might include work samples and previous assessment scores.

Once all of this information has been collected, a team will meet to determine if your child qualifies for the gifted program. After we receive permission to test, we hope to hold these meetings and notify you about our decision, in writing, within 60 school days. As always, please contact me with any questions that you might have.

**School Gifted Coordinator Name**

Please sign below regarding your decision whether to evaluate. Once we receive permission, we will send you the parent forms that you are to complete. Thanks so much!

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

❑ I give permission for Greene County Schools to complete an evaluation of my child for gifted services. I understand all the components of this evaluation.

❑ I do not give permission for Greene County Schools to complete an evaluation of my child for gifted services.

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

**Please return to School Gifted Coordinator Name at School by Date.**