



Kodiak Island Borough School District
722 Mill Bay Road
Kodiak, Alaska 99615
(907) 486-7574

Gifted/Talented Program Consent for Evaluation

Dear _____,

The school district is requesting your consent to conduct an evaluation or reevaluation of your child, _____ . We believe an evaluation will help the school better meet your child's educational needs. All results will be shared with you and you will be invited to participate in a meeting and determine whether your child is eligible for the Gifted/Talented (GT) Program.

Factors involved in our request to evaluate your student:

To determine eligibility for the GT Program, the following assessments may be used:

☐

Cognitive

☐

Achievement

☐

Gifted Characteristics (rating scales, creativity)

For further information, please contact: _____

PARENT PERMISSION FOR EVALUATION:

Please indicate whether or not you give consent for this testing to be conducted:

☐

I give consent to conduct this evaluation

☐

I deny consent to conduct this evaluation

Signature of Parent/Guardian

Date

Date Consent Received: _____ Received By: _____