

# Permission to Evaluate

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School personnel must issue this form to obtain written consent from a child's parent/guardian to conduct an initial evaluation.

**Oral Request by Parent**  
**Date:**

**Written Request by Parent**  
**Date:**

**Date Sent:**

**Student Name:**

**Name and Address of Parent:**

Dear ***Parent Name***,

The school district requests your consent to conduct a Gifted Multidisciplinary Evaluation. We must have your consent before we can begin.

In the evaluation, we will investigate information relevant to your child's suspected giftedness, including academic functioning, learning strengths and educational needs as shown by present levels of educational performance, assessment results, classroom observations and information from you. We will also be looking for an indication of demonstrated achievement, performance or expertise in one or more academic areas. Specific types of tests and procedures that will be used in the evaluation include the following:

The school district will form a Gifted Multidisciplinary Team to conduct the evaluation. As a parent(s), you are a member of the team. You will be invited to all team meetings. The multidisciplinary evaluation process will include information from parents or others who interact with the student on a regular basis and may include information from the student if appropriate. If you want to send written comments, please do so.

The Gifted Multidisciplinary Team will determine whether your child is gifted and in need of specially designed instruction. This information will be outlined in a *Gifted Written Report*. If the team determines your child is eligible for specially designed instruction the *Gifted Written Report* will be given to the GIEP team. As a parent(s), you are also a member of the GIEP team. You will be invited to all team meetings. The Gifted Multidisciplinary Evaluation is to be completed and the *Gifted Written Report* is to be delivered to you within 60 calendar days of receipt of your consent to evaluate.

Please read the enclosed *Notice of Parental Rights for Gifted Students*, which includes parent resources such as state or local advocacy organizations. If you have any questions, or if you need the services of an interpreter, please contact me.

**Name:**

**Position:**

**Phone Number:**

**Email Address:**

**Directions for Parents**

Please check the appropriate item(s), sign and return this form to the person above. The school district may request a hearing to proceed with a reevaluation if you fail to respond to this request.

- I give consent to start an initial Gifted Multidisciplinary Evaluation as you propose.
- Please contact me. I am not ready to give consent for an initial Gifted Multidisciplinary Evaluation at this time and would like to talk about this.
- I object to the proposed initial Gifted Multidisciplinary Evaluation. Please do not begin the process at this time.
- I request mediation
- I would like an impartial due process hearing

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**Parent Signature**

**Date**

**Daytime Phone Number:**

**Email Address:**

\_\_\_\_\_ (Initial) I have received a copy of the *Notice of Parental Rights for Gifted Students*.

\* The enclosed *Notice of Parental Rights for Gifted Students* provides information on the options listed above.

# 可进行评估许可书

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学校工作人员必须签发此表格，以获得孩子的父母/监护人的书面同意才能进行初步评估。

家长口头请求  
日期：

家长的书面请求  
日期：

发送日期：

学生姓名：

家长姓名和地址：

致 *Parent Name*,

学区请求您同意进行资优多学科评估。在开始进行此评估之前，我们必须征得您的同意。

在评估中，我们将调查与您孩子所疑似的天赋有关的信息，包括学术功能、学习优势和教育需求，如目前的教育表现水平、评估结果、课堂观察和您的信息所示。我们还将寻找您的学生在一个或多个学术领域表现出的成就、表现或专业知识的迹象。我们将在评估中使用的特定类型的测试和过程包括：

学区将组成一个资优多学科团队进行评估。作为家长，您是团队的一员。您将被邀请参加所有团队会议。多学科评估过程将包括来自家长或定期与学生互动的其他人的信息，并可能包括学生的信息（如果适用的话）。如果您想将您的书面意见寄给我们，请这样做。

资优多学科团队将确定您的孩子是否有天赋，是否需要专门设计的教学。此信息将在*资优书面报告*中概述。如果团队确定您的孩子有资格获得专门设计的教学，则将向 GIEP 团队提供*资优书面报告*。作为家长，您也是 GIEP 团队的成员。您将被邀请参加所有团队会议。资优多学科评估将在收到您的评估同意后的 60 个自然日内完成并将《*资优书面报告*》寄给您。

请阅读随附的《*资优学生家长权利通知*》，其中包括州或地方倡权组织等家长资源。如果您有任何疑问，或者您需要口译员的服务，请与我联系。

姓名：

职位：

电话号码：

电邮地址：

### 家长须知

请在相应的项目勾选，签署并将此表格寄还给上面的人。如果您未能回应此请求，学区可以要求听证会继续进行重新评估。

- 我同意按照您的建议开始初始资优多学科评估。
- 请与我联系。我现在还不准备同意最初的资优多学科评估，并想谈谈这一点。
- 我反对所提议的初始资优多学科评估。请不要在此时开始该过程。
- 我请求调解
- 我想要一个公正的正当程序听证会

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家长签名

日期

日间电话号码：

电邮地址：

\_\_\_\_\_（首字母缩写）我已收到《资优学生家长权利通知书》副本。

\*随附的*资优学生家长权利通知*提供了有关上述选项的信息。