Date: ____________________________

From: School Building Level Committee (SBLC)

To: Parents of ____________________________

Based on your child's outstanding academic achievement, he/she has been recommended for gifted screening. This screening will be conducted at the school level to determine if your child should be referred for an individual evaluation.

State guidelines mandate a two-step process that students must pass both screening an individual evaluation criterion to qualify for gifted classes:

**Screening** – Your child's LEAP/EOC scores for reading and total math are placed on a matrix and assigned points. Then your child is given a cognitive abilities test – the Matrix Analogies Test – Short Form – by the teacher of the gifted, school counselor, or other certified teacher selected by the principal. These scores (reading, made, and cognitive abilities) determine if your child is referred for an individual evaluation.

**Individual Evaluation** – If your child meets the screening criteria, an individual evaluation will be conducted, with your written permission, by Ouachita Parish Pupil Appraisal Services. Additional reading and math achievement tests will be administered by an Educational Diagnostician and a cognitive abilities test will be conducted by a School Psychologist.

Please compete the attached form stating your preference and return it to your child's teacher. With your permission, your child will be given the screening test on ____________________________.

You will be notified of the results.

If you have any questions, contact ____________________________, the school teacher of the gifted. Thank you for your consideration of this request.

Sincerely,

___________________________
Principal/Designee

August 2018
Gifted Screening Permission Form

Please complete this form and return it to your child’s teacher.

_____ I give permission for my child, ________________________, to participate in school-based gifted screening.

_____ I do not give my permission for my child, ________________________, to participate in school-based gifted screening.

_________________________________________  ____________________________
Parent’s Signature                  Date

Parent’s Name: __________________________

Address: _______________________________

Phone:  Home ___________________________  Mother’s Work _______________________

Cell ___________________________  Father’s Work ___________________________

Child’s Name: __________________________

Child’s Birthdate: ______________________  Student State ID# ___________________

Grade: ___________________________  Teacher: ___________________________