BEARDEN PUBLIC SCHOOLS
GIFTED AND TALENTED PROGRAM

Bearden Public Schools
100 Oak Avenue
Bearden, AR 71720

INFORMED CONSENT

NAME OF STUDENT: _____

MAILING ADDRESS: _____
(Street, RT., P.O. Box City ZIP code)

PHONE:_____

SCHOOL: _____

Authorization is hereby granted to Bearden Public Schools to conduct a specialized evaluation of my child.

TYPE OF EVALUATION: Creative Thinking Skills Test
School Ability Test
Critical Thinking Test

_____ _____ _____
Printed Name of Parent/Guardian Signature of Parent/Guardian Date