

Permission to Test



Date: _____

Dear Parent or Guardian,

Students have many different academic needs that can be met by the regular school program. Rarely, a student may have abilities that significantly exceed those of their peers and would benefit from modifications to the regular school program. Gifted Programs in Conroe Independent School District has been developed to meet these special instructional needs. Your child has been nominated for screening for this program.

For your child to be tested and considered for possible identification and placement in Gifted Programs, we need your permission.

This testing will take place...

On student's campus Other location: _____

Testing is scheduled for...

Dates: _____ Times: _____

Following the testing, a student profile will be developed. This profile will consist of a review of student records and data collected from our testing. Placement decisions will then be made by the Campus GT Placement Committee based on state guidelines and established District criteria. You will be notified of the results as soon as a placement decision has been made.

If you would like for your child to participate in the screening process and this program if selected, please sign where indicated. Upon receipt of your permission, a confirmation letter will be sent.

Sincerely,

Print parent's name

Print student's name

Parent's signature

Date

