

Harlan County Public Schools
Gifted and Talented Education
Permission to Test

Dear Parent or Guardian,

Your child has been identified as eligible for additional testing beyond the standard screening we provide for all students. This individual test will provide additional information to assist us in gathering evidence of your child's ability.

By signing this form you give permission for your child to take an individual test. The test will be given by personnel trained in the administration of the test and your child will be pulled from the classroom to take the test. The test results will be part of the student's cumulative record and shared with parents/guardians. The test will be one piece of evidence used to determine your child's eligibility for gifted and talented services.

Name of Test to Be Administered _____

Category of Gifted Being Assessed _____

If you agree to have your child individually tested, please complete the section below and return to the school.

Sincerely,

Harlan County Schools

Student's Name _____

Grade: _____ Teacher: _____

Parent/Guardian Signature _____