



Dear Parent or Guardian:

Your child has been referred for screening to determine if he/she needs gifted education services provided by Norfolk Public Schools. The screening process will include a rating form to be completed by you and your child's teacher, as well as other pertinent information as required to determine the most appropriate setting for your child.

Please complete the **Permission to Test** form below as well as the attached **Gifted Behaviors Rating Form (Parent)**, and return both forms to your child's classroom teacher or the school's Gifted Resource Teacher within three days of receipt. The result of this evaluation will be sent to you when the process is complete.

Sincerely,

Karla Stead, Senior Coordinator  
Office of Academic Rigor

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### PARENTAL PERMISSION FOR TESTING

I hereby give permission for my child, \_\_\_\_\_ to be screened to determine the most effective educational setting for him/her. The screening process may include aptitude/achievement testing, which will become a part of the student's educational record if he/she receives gifted services.

- I understand the testing results may not indicate any need for a change in my child's educational setting.
- I understand that more than one test may need to be administered to determine eligibility.
- I understand that Norfolk Public Schools reserves the right to determine which tests will be appropriate for screening for gifted services.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent Name (Please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_