



Office of Gifted and Talented
 21 Thirkeld Avenue, S.W.
 Atlanta, GA 30315
 404-802-7585 (Office)
 404-624-2007 (Fax)

Notice of Consideration for the Gifted and Talented Education Program Gifted Referral and Parental Permission Form

Dear Parent(s)/Guardian,

Your child is being considered for gifted and talented services. Further evaluation is necessary and requires your parental consent. Once the evaluation process is complete, you will be notified of the results.

NOMINATION/REFERRAL INFORMATION					
School			Date		
Student's Name			Race	Gender	Grade
Date of Birth	FTE/IC # <small>For School Use Only</small>		GTID <small>For School Use Only</small>		
Parent/Guardian(s)					
Address				Apt.	
City		Zip Code		Home Phone	
Mother's Daytime Phone			Father's Daytime Phone		
Parent/Guardian Email address					
Length of Time in U.S.			Child's Primary Language		
Primary Language spoken in the Home					
If not English, who communicates with the parents					
504/IEP Accommodations					
Glasses	Hearing Aid(s)	Other Special Needs			
Physical/Medical Considerations					
Source of Referral	Teacher	Parent	Automatic	Peer	Other
PARENTAL CONSENT FOR EVALUATION					

In order for evaluation to be conducted, you must provide signed consent. Please indicate your decision, sign and return this form. Please contact the school for additional information about the assessment process. Completion of the process will take a minimum of 90 days. You will be notified of the results in writing as soon as an eligibility decision is made.

_____ I give permission for my child to be evaluated by Atlanta Public Schools Personnel

_____ I do not give permission for my child to be evaluated by Atlanta Public Schools Personnel.

Parent/Guardian Signature _____

Date _____

***Please submit this form to the Primary Front Office or Main Campus Front Office by: September 28, 2018.**