



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.**