



West Ada

SCHOOL DISTRICT

**Consent for Assessment
For Gifted and Talented Services
(page 1 of 2)**

Dear Parent(s)/Guardians(s):

We are requesting your permission to assess _____'s current educational functioning in order to determine possible eligibility for gifted services. Your written consent is required before an initial assessment can begin.

Reason we would like to conduct this assessment:

- Placement in the Gifted and Talented Core Pull-Out Program or Self-Contained Program
- Grade Acceleration

Basis for referral: (Check one or more of those listed below.)

- Parent request
- Teacher request
- Previous testing or previous placement in a GT program (not in West Ada)
- Other (e.g.: ISAT testing)

Other factors to be considered, including those identified as special considerations (behavior, limited English proficiency, blind or visually impaired, deaf or hard of hearing, or assistive technology):

About the Assessments:

Assessments are provided at no cost to you. Assessment procedures may include a review of school records, diagnostic testing, an observation of your child's activities, personal interviews, and consultation with you or others that you recommend, along with the individual testing outlined on the next page.

Notice of records maintenance – please sign below:

I give consent to the West Ada School District to securely dispose of the testing protocols (i.e., the physical answer sheets and questions) used in the assessment of my child. I understand that I will receive a full summary of the results of any testing completed and that the same summary will be kept on file by the district. I understand that I have the right to review the full testing protocols, before disposal and upon my request, within 30 days of the completion of testing.

Acknowledged and signed: _____ **Date:** _____

Print parent/guardian name: _____

If you have any questions, please contact me at – geary.kendra@westada.org

Sincerely,

Kendra Geary - Gifted and Talented Facilitator

Willow Creek GT Center



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(page 2 of 2)**

Student's Name _____ Phone _____

Date of Notice _____ Birth Date _____ Gender _____

Teacher _____ Grade _____ School _____

Areas To Be Assessed	Position Responsible	Description of Assessment Procedures
Intellectual Functioning	School Psychologist	Assesses students' ability to learn and solve problems. Administered by a professional in a one-to-one setting.
Cognitive Functioning	GT Facilitator	Assesses students' ability to learn. Administered in a group and/or individual setting.
Academic Performance	GT Facilitator	Assesses student performance across reading, writing, math, problem-solving, and content knowledge.

Parent's/Guardian's Response to Student Evaluation

The district is asking for your consent to conduct:

- An initial assessment of the student.**
The district will not proceed with an initial assessment without your written consent.
- A reassessment of the student.**
The district will not proceed with a reassessment without your written consent.

Please sign on the appropriate line below and return this form to your child's school as soon as possible. For assistance in understanding the referral and testing process, feel free to call me.

I GIVE CONSENT to conduct this evaluation.

Signature Date

I DENY CONSENT to conduct this evaluation.

Signature Date

Date Signed Consent Form received by district: _____ **For Official Use Only**