

## Parent Consent for Evaluation Talented and Gifted Consideration

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_

Your son/daughter child is being considered for identification as intellectually gifted and/or academically talented under these requirements. Before formal identification can occur, the following data must be in place:

### **A student must meet the following criteria:**

- perform at or above the 97<sup>th</sup> percentile in Total Reading on a nationally standardized achievement test **and /or**
- perform at or above the 97<sup>th</sup> percentile in Total Math on a nationally standardized achievement test **and /or**
- perform at or above the 97<sup>th</sup> percentile on a nationally standardized test of mental ability.(IQ)

**Additionally, a student must have supporting behavioral, learning and/or performance information.**

Other assessment information **MAY** also include:

- parent referral information
- teacher referral scales
- Naglieri Noverbal Ability Test (Grade 2)
- anecdotal observations by teachers
- work samples
- grades
- prior school performance

Mt. Angel School District uses a case study approach for identification of talented and gifted students. A variety of information will be considered in the process. You may request the results of all testing. If your child is found eligible by the assessment team you will be notified by letter and a meeting will be convened to discuss placement options. Parents have rights regarding the identification, testing, and placement of students in programs and/or services. These rights are outlined in OAR 581-022-1310, OAR 581-022-1320, and OAR 581-022-1330. In your son's/daughter's case, we currently have insufficient data on file and need the following additional information to assist us with this task. Oregon law requires that we receive your

WRITTEN consent before we proceed with testing. Parents have rights regarding the identification, testing and placement of students in programs and/or services.

With your consent, the marked assessment and information will be gathered to determine eligibility.

- \_\_\_\_\_ Mental Ability Test
- \_\_\_\_\_ Academic Achievement Testing and Scores in Reading and Math
- \_\_\_\_\_ Parent Referral Form (attached)
- \_\_\_\_\_ Teacher Referral Scale

I understand and agree to the above described individual testing or other evaluation. I have received a copy of my rights (Parent Copy of TAG Oregon Administrative Rules) and understand that the granting of consent is voluntary and may be revoked at any time prior to testing. I also understand that consideration of my child does not guarantee a final identification as intellectually gifted or academically talented. Programs/services will be adapted for identified students on an individual basis and parents will have an opportunity to participate in the selection of those programs/services.

The permission form must be returned along with the completed parental referral form in order for the evaluation process to continue.

**\_\_\_\_\_ Permission is given to conduct an evaluation which includes an individual test of mental ability.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This permission form must be returned along with the completed parental referral form in order for the evaluation process to continue.

Attachments:

Talented and Gifted Oregon Administrative Rules  
Parent Referral for Talented and Gifted