

ADMINISTRATIVE REGULATION

PENN MANOR SCHOOL DISTRICT

APPROVED: March 18, 2011

REVISED: July 2, 2012

114-AR-2. PERMISSION TO EVALUATE GIFTED STUDENT

Date: _____

Name and Address of Parent/Guardian:

Student's Name: _____

Dear _____:

The school district requests your consent to conduct a Gifted Multidisciplinary Evaluation (GMDE). We must have your consent before we can begin. In the evaluation, we will investigate information relevant to your child's suspected giftedness, including academic functioning, learning strengths and educational needs as shown by present levels of educational performance, assessment results, classroom observations and information from you. We will also be looking for an indication of demonstrated achievement, performance or expertise in one or more academic areas. Specific types of tests and procedures that will be used in the evaluation include the following:

The evaluation is proposed for the following date(s):

The school district will form a Gifted Multidisciplinary Team (GMDT) to conduct the evaluation. As parent(s)/guardian(s), you are a member of the team. You will be invited to all team meetings. The multidisciplinary evaluation process will include information from parents/guardians or others who interact with the student on a regular basis, and may include information from the student if appropriate. If you want to provide written comments, reports or other information, please do so.

The Gifted Multidisciplinary Team will determine whether your child is gifted and in need of specially designed instruction. This information will be outlined in a Gifted Written Report (GWR) and will be given to the Gifted Individualized Education Plan (GIEP) team. As

Directions For Parents/Guardians: Please check the appropriate item(s), sign and return this form to the person below. Failure to respond may result in the district requesting a hearing to proceed with the evaluation.

- I give consent to start an initial Gifted Multidisciplinary Evaluation as you propose.
- Please contact me. I am not ready to give consent for an initial Gifted Multidisciplinary Evaluation at this time and would like to talk about this.
- I object to the proposed initial Gifted Multidisciplinary Evaluation. Please do not begin the process at this time.
- I request mediation.*
- I would like an impartial due process hearing.*

Parent(s)/Guardian(s) Signature	Date	Daytime Phone
Email Address		

School District Contact: _____

* The enclosed Notice of Parental Rights/Procedural Safeguards provides information on the options listed above.

School personnel must issue this form to obtain written consent from a child’s parent/guardian to conduct an initial evaluation.

- Oral request by parent/guardian Date: _____
- Written request by parent/guardian Date: _____

For District Use Only:

Date of Receipt of
Permission to Evaluate

Due Date for GWR
