Dear Parents/Guardians of a CURRENT 5th grade Gifted and Talented student:

Your child is currently identified for the Gifted and Talents (GT) Program in the following area(s):

   LANGUAGE ARTS/SOCIAL STUDIES______________  MATH/SCIENCE______________

Since the middle schools offer Pre-Advanced Placement (Pre AP) in all subject areas, you may choose to have your student evaluated in the subject areas in which he/she is currently not identified.

Please sign the permission form below in order to have the campus GT assessor test your child in the non-identified subject areas.

**If you do not wish to have your child tested, please do not sign and return the form.**

Thank you!

______________________________
Campus GT Contact

__________________________________________________________________________________

**Please return this form to your child’s teacher by _________________.**

As parent/legal guardian of ____________________________, I hereby authorize the campus GT assessor to test my child for the Gifted/Talented Program. I understand that my child will be taking an achievement test to seek identification in the subject area in which he/she is not currently identified.

______________________________  (Date)
(Parent/guardian signature)