



# LOUDOUN COUNTY PUBLIC SCHOOLS

DEPARTMENT OF TEACHING AND LEARNING

GIFTED EDUCATION

21000 Education Court, Suite 511

Ashburn, VA 20148

Phone (571) 252-1440 Fax (571) 252-1635

## Gifted Education Services – Middle School Permission to Evaluate

**Please Print**

**Student Name** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Student ID number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Name of Person Submitting Form (Print Name)** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

### Gifted Services in Another School Division:

Has the student been formally identified for gifted services and participated in a gifted education program in another school division?  Yes  No

If “Yes”, please complete the following information:

Name of School/School Division \_\_\_\_\_

Address \_\_\_\_\_

Date of identification \_\_\_\_\_

**Parent/Guardian:** You are providing permission for child your to be evaluated for gifted education services. In order to determine whether your child is in need of these services, additional data gathering and/or testing may be required. Please complete the following and return to the gifted resource teacher at your child’s school by \_\_\_\_\_.

\_\_\_\_ **I grant** permission for Loudoun County Public Schools to proceed with the evaluation for possible gifted services. I understand that additional testing may be administered.

\_\_\_\_ **I do not grant** permission for Loudoun County Public Schools to proceed with the evaluation for possible gifted services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent email: \_\_\_\_\_

Date sent \_\_\_\_\_

Date received \_\_\_\_\_