

# KLAMATH COUNTY SCHOOL DISTRICT

## CONSENT FOR AN INDIVIDUAL EVALUATION TO DETERMINE IDENTIFICATION AS TALENTED AND/OR GIFTED

Dear Parent or Guardian:

This is to inform you that your student has been referred for individual testing for possible placement into the talented and gifted (TAG) program. Referrals for testing are developed when more information about a student's ability and/or achievement is needed in order to determine if a child is intellectually gifted and/or academically talented.

After returning this permission form, your student will be individually tested on the Kaufman Brief Intelligence Test, Second Edition-Revised (KBIT-2 Revised) and/or the Creative Assessment Packet (CAP): Test of Divergent Thinking. The TAG Identification Team will then meet to determine eligibility and the results will be shared with you. If you have any questions, please feel free to contact the TAG Coordinator (541-883-5060).

It is important that you are aware of and understand the following:

1. You have the right to review all records related to a referral.
2. You have the right to refuse to permit the evaluation or services indicated.
3. You have the right to be fully informed of the results of the evaluation.
4. If you disagree with the results, you have the right to obtain an independent evaluation from a public or private agency.
5. You have the right to review the procedures and instruments (tests) to be used in the evaluation.
6. You have the right to an appeals process if you believe your child has not received fair consideration in the selection process for the gifted program.

Student Name \_\_\_\_\_ School \_\_\_\_\_

Classroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Permission requested by:  Teacher  Parent  Administrator  TAG Coordinator

I understand that consideration of my student does not guarantee a final identification as intellectually gifted or academically talented.

Consent is given to conduct an evaluation.

Consent is denied to conduct an evaluation.

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

\_\_\_\_\_  
Date

If you need this publication in an alternate format, or if you would like a copy, please contact KCSD Curriculum Office at 541-851-8740

**Please return this form to your student's teacher or TAG Coordinator**