



SAN JUAN BOARD OF COOPERATIVE EDUCATIONAL SERVICES

**Parent Permission for Testing
Gifted Education**

Student Name: _____

Your child has been identified as a candidate for gifted education programming. To better understand your child's learning strengths and needs, we believe additional testing is necessary.

If you have questions please contact: _____ **at**
_____.

I give my permission for my son/daughter to be evaluated to assess learning strengths and needs.

Parent Signature

Date

Please print the following information:

Mother's Name: _____

Father's Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ **Daytime Phone:** _____

Please return this form to your child's teacher or the school office by
_____.