

**FAYETTE COUNTY SCHOOL SYSTEM**  
**Program for the Gifted**  
**Request to Evaluate - Parental Consent**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: Bennett's Mill Middle School Grade: \_\_\_\_\_

Dear Parent/Guardian:

Your child has been referred for assessment for gifted services. Your child, however, will require further evaluation to determine eligibility. Please sign this form and indicate, by checking the appropriate statement at the bottom, whether or not you agree for your child to be evaluated and the testing window of choice. If you do not wish for this evaluation to occur, no further action will be taken. As you consider whether to have your child complete the remaining assessment instruments, please understand the difference between bright, academically motivated children and children who are in need of supported instruction because they are gifted learners. To help you make the decision, please note the differences between bright children and gifted learners.

Bright Child	Gifted Learner
<ul style="list-style-type: none"> <li>• Knows the answers to questions</li> <li>• Answers the questions</li> <li>• Top of the class</li> <li>• Learns with ease</li> <li>• Understands ideas</li> <li>• Capable technician</li> <li>• Enjoys peers</li> </ul>	<ul style="list-style-type: none"> <li>• Asks the questions</li> <li>• Discusses response in detail, elaborates</li> <li>• Beyond the class</li> <li>• Often already knows answers</li> <li>• Understands in metaphors and abstractions</li> <li>• Inventor</li> <li>• Prefers adults</li> </ul>

If you have any questions about this evaluation, please contact: Mary Beth Grabhorn; grabhorn.marybeth@mail.fcboe.org

To qualify for gifted services under Option A, a child

- in grades K-2 must score at the 99th%ile on the composite of the mental ability **and**  $\geq$  90th%ile on the composite, total reading, or total math of achievement test; or
- in grades 3-12 must score  $\geq$  the 96th%ile on the composite of the mental ability **and**  $\geq$  90th%ile on the composite, total reading, or total math of achievement test; or

To qualify for gifted services under Option B, a child must meet the requirements in **three** of the following categories:

Mental Ability	Achievement	Motivation	Creativity
$\geq$ 96th%ile on composite or major sub-category score	$\geq$ 90th%ile on composite or total reading or total math	K-5 $\geq$ 90th%ile on standardized motivation checklist 6-12 GPA $\geq$ 3.5	$\geq$ 90th%ile on Torrance Test of Creative Thinking

Please check the appropriate box(es) below, sign this consent form and return it to your child's teacher by \_\_\_\_\_.  
 (Note: All forms requesting evaluation received after the deadline will delay assessment until the next testing window.)

I agree for the Fayette County School System to evaluate my child. I understand that my child will not be eligible for reassessment, if that proves necessary, for two years.

***Please select the window during which you wish your child to be assessed.***

First (Aug-Sep)       Second (Oct-Nov)       Third (March)

I do not agree to this evaluation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_