

**PRINCE WILLIAM COUNTY PUBLIC SCHOOLS  
GIFTED EDUCATION PROGRAM**

**REQUEST FOR PERMISSION FOR STUDENT EVALUATION  
FOR SERVICES IN KINDERGARTEN AND GRADES ONE, TWO, AND THREE**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of School \_\_\_\_\_ Student Graduation Year \_\_\_\_\_

*Permission is requested for this student to be evaluated for possible services through the Gifted Education Program. The Prince William County Gifted Education Program provides resource services for students in kindergarten and in grades one, two, and three. All students placed for services are evaluated for continuing placement for gifted education services at the end of grade three.*

\_\_\_\_\_  
Resource Teacher

\_\_\_\_\_  
Date

**I GIVE PERMISSION** for \_\_\_\_\_  
(Student Name)

to be evaluated for possible services through the Gifted Education Program. I understand that these services will continue through grade three. I understand that all students placed for services through the Gifted Education Program are evaluated for continuing placement for gifted education services at the end of grade three.

**I GIVE PERMISSION for this student to be given the Kaufman Brief Intelligence Test, Second Edition.**

I understand that if current comparable group or individual aptitude test results are included in the student record, these results may be used instead of administering this test.

I understand that I have the right to review the school record and to be informed of the results of this evaluation. I understand that no change will be made in this student's educational program as a result of this evaluation without my knowledge.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Home Telephone \_\_\_\_\_ Home E-Mail \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's E-Mail \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's E-Mail \_\_\_\_\_

**I DO NOT GIVE PERMISSION** for \_\_\_\_\_  
(Student Name)

to be evaluated for possible services through the Gifted Education Program. I understand that I have the right to refuse to give permission for this evaluation.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_