



**PARENT CONSENT FORM
for testing for the
Williamsburg-James City County Public Schools Gifted Program**

I give my child, _____, permission to participate in identification/screening activities to determine placement in the Williamsburg James City County Program for Gifted Students, including:

- the administration of one or more ability and/or achievement tests,
- the collection of grades and SOL scores where applicable,
- the completion of standardized portfolio items related to student work,
- the review of parent and teacher ratings of gifted behaviors, and
- all accommodations for 504/IEP will be implemented, if applicable.

At the end of the screening/identification process, a program placement determination will be made. Parents/guardians have the opportunity to review the file with the Gifted Resource Teacher.

Date

Signature of Parent or Guardian

OFFICE USE ONLY

Date Received

Signature of Gifted Resource Teacher