

FORNEY INDEPENDENT SCHOOL DISTRICT

Gifted and Talented Education Program

Parent Permission to Test

Student _____ Date of Birth _____

Campus _____ Grade _____

Teacher _____

(Homeroom Teacher for Elementary Level/Specific Subject Area Teacher for Secondary Level)

Dear Parent(s) or Guardian(s),

Forney Independent School District is in the process of screening students for the Forney Gifted and Talented Education (GATE) program. It is necessary to analyze different types of information when deciding on the best program placement for any student. In order to determine the best educational setting for your child, additional testing may need to be administered.

In order for the district to proceed with further testing, your permission is needed. The testing will take place during the school day, and the test will be administered by the appropriate personnel. Please complete the following information and return it to the campus counselor.

If you have any further questions, please contact the campus counselor.

_____ **Yes**, I give my permission for additional diagnostic testing.

_____ **No**, I do not give my permission for any additional testing.

Signature of Parent or Guardian

Date

Telephone Number(s)

E-mail Address

The Forney Independent School District does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities.