

PARENTAL/GUARDIAN CONSENT FOR AIG EVALUATION/TESTING

The Academically Intellectually Gifted Team at your child's school has recognized a need for gathering more information on your child in the areas of intellectual aptitude, achievement, scholastic performance, interests and motivation to learn. The information gathered will help the school better meet the individual needs of your child. Please indicate your choice below, sign and return to the appropriate school site.

Student Name _____ Grade _____

School _____

Student Date of Birth _____

Please sign either A or B and return form to school.

____ A. Yes. I give permission for my child to be evaluated/tested for AIG services.

_____	_____	_____
Name	Date	Relationship to Student

____ B. No. I do not want my child evaluated for AIG services.

_____	_____	_____
Name	Date	Relationship to Student