

**Schertz-Cibolo-Universal City Independent School District
Gifted Education Program
PERMISSION FOR ASSESSMENT**

Student: _____

School: _____

Your child has been nominated for screening for the Gifted Education Program. It is necessary to gather information about your child through various forms of educational assessment. These may include an achievement test, a cognitive abilities test, information from the classroom, and other data as needed.

Please complete and return this form to the campus office.

_____ I hereby grant permission for educational assessment of my child for screening for the Gifted Education Program.

_____ I do not grant permission for assessment.

Signature

Relation to Student

Address

City

Telephone Number

Date