

SPRINGFIELD SD

PERMISSION TO EVALUATE (PTE)

Chapter 16 Special Education for Gifted Students

School Personnel must issue this form to obtain written consent from a child's parent to conduct an initial evaluation.

- Oral request by parent Date: _____
 Written request by parent Date: _____

Date: 8/24/2011

Name and Address of Parent:

Jeff and Megan Springfield
111 W. Leamy Avenue
Springfield, PA 19064

Student's Name: John Springfield

For District Use Only:

Date of Receipt of
Permission to Evaluate

Letter Not Returned

Dear Jeff and Megan Springfield:

Your child has been referred for evaluation for the following reason(s):

xxx

The school district requests your consent to conduct a Gifted Multidisciplinary Evaluation (GMDE). We must have your consent before we can begin. In the evaluation, we will investigate information relevant to your child's suspected giftedness, including academic functioning, learning strengths, and educational needs as shown by present levels of educational performance, assessment results, classroom observations, and information from you. We will also be looking for an indication of demonstrated achievement, performance or expertise in one or more academic areas. Specific types of tests and procedures that will be used in the evaluation include the following:

xxx

The evaluation is proposed for the following date(s):

xxxxxxx

The school district will form a Gifted Multidisciplinary Team (GMDT) to conduct this evaluation. As parent(s), you are a member of the GMDT. You will be invited to all team meetings. The multidisciplinary evaluation process will include information from parents or others who interact with the student on a regular basis, and may include information from the student if appropriate. If you want to provide written comments, reports or other information, please do so.

The Gifted Multidisciplinary Team will determine whether your child is gifted and in need of specially designed instruction. This information will be outlined in a Gifted Written Report (GWR) and will be given to the Gifted Individualized Education Plan (GIEP) Team. As parent(s), you are also a member of the GIEP team and you will be invited to all team meetings that are held. The Evaluation is to be completed and the Report is to be disseminated to you within 60 calendar days of receipt of your consent to evaluate.

Please read the enclosed Notice of Parental Rights/Procedural Safeguards that includes parent resources such as state or local advocacy organizations. If you have any questions, or if you need the services of an interpreter, please contact me.

Cathy Keenan, System Administrator

xxxxxxxxxxx

keenacat@ssd.k12.pa.us

Name/Position

Phone

E-mail Address

DIRECTIONS FOR PARENTS: Please check the appropriate item(s), sign and return this form to the person below. Failure to respond may result in the school district requesting a hearing to proceed with the evaluation.

- I give consent to start an initial Gifted Multidisciplinary Evaluation as you propose.
- Please contact me. I am not ready to give consent for an initial Gifted Multidisciplinary Evaluation at this time and would like to talk about this.
- I object to the proposed initial Gifted Multidisciplinary Evaluation. Please do not begin the process at this time.
 - I request mediation
 - I would like an impartial due process hearing

Parent(s) Signature

Date

Daytime Phone

E-mail Address

School District Contact: XXXX

*The enclosed Notice of Parental Rights/Procedural Safeguards provides information on the options listed above.