



GIFTED AND TALENTED PARENT/GUARDIAN PERMISSION TO TEST & CHECKLIST

Student Name	Birth Date
Campus	Current Grade/Teacher
Previously recommended for GT in LEISD: YES NO If YES, the grade level(s):	
Special Services: Special Education 504 ESL Other:	
Should this student be assessed in Spanish? YES NO Not Sure	
Parent Name	Parent Phone Number
Parent Email	

Please place an X in the box that best describes your child.

THE STUDENT	NOT AT ALL	A LITTLE	VERY MUCH	THE STUDENT	NOT AT ALL	A LITTLE	VERY MUCH
Began talking and/or reading earlier than other children his/her age.				Has hobbies or interests that he/she can focus on for long periods of time.			
Is curious and asks many questions.				Likes to have his/her own way.			
Plays with toys, games and/or technology above others his/her age.				Reads a lot and mostly books above grade level.			
Learns quickly and retains information easily.				Likes to figure out things by himself/herself.			
Has a vivid imagination/creates detailed stories.				Has many different interests.			
Has an extensive vocabulary.				Is funny and can make people laugh.			
Invents new toys, games, and/ or gadgets.				Prefers to be with older children or adults.			
Is a perfectionist and may have difficulty completing a task.				Creates original songs, music, art, and/or technology.			

- Yes, I give my consent for assessment(s) to determine whether my child qualifies for the gifted and talented services. I understand that my consent is voluntary and may be revoked at any time.
- No, I do not give my consent for assessment(s) to determine whether my child qualifies for the gifted and talented services.

Parent / Guardian Signature

Date