CONSENT: SCREENING/FORMAL INDIVIDUAL INITIAL EVALUATION

Last Name: Einstein DOB: 02/23/2007 School: Parkway Middle

First Name: Albert Grade: 5th Grade

Date of Notice: 04/17/2019 **Student ID #:** GIFTEDTEST02

To the Parent(s)/Guardian(s)/Surrogate(s) of Albert Einstein

The following factors were relevant to the decision to conduct a formal evaluation: Based on the results from the KBIT-2 screening, we are recommending a gifted evaluation. Albert scored the following: Verbal - 139, Non-Verbal-145, Composite- 145.

Prior to requesting a formal evaluation the following options have been considered and rejected: Not to evaluate.

Evaluation, if indicated, is part of the referral process to identify students who have special needs. Your concerns, your child's school performance, and/or educational records were recently reviewed. The data gathered indicate that additional evaluation is necessary.

All tests will be done by qualified staff. When the evaluation process is complete, you will be asked to participate in a committee to review the results and make recommendations for appropriate programming to meet your child's educational needs. Evaluation will be conducted in one or more of the area(s) described below.

VISION

Description: Assessment of how well a student sees.

HEARING/AUDIOLOGICAL

Description: Assessment of how well a student hears, how well the middle ear is functioning, and how well a student understands speech.

ACADEMIC/PREACADEMIC/DEVELOPMENTAL ACHIEVEMENT

Description: Assessment of the student's current reading, spelling, written language, mathematics, or readiness/prereadiness for these skills.

INTELLECTUAL FUNCTIONING

Description: Assessment of how well a student uses information and solves problems. The assessment also reflects learning rate and assists in predicting how well the student may do in school.

PERSONALITY FUNCTIONING

Description: Assessment of how a student perceives and interacts with the world, self, and others.

OTHER

Check One:

__I consent to evaluation.

____I do not consent to evaluation.

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Date

Date

Other:

Work Telephone:

Last Name:	Einstein
DOB: 02/23/2	2007
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Parent/Guardian/Surrogate sign below:

Parent/Guardian/Surrogate

Parent/Guardian/Surrogate

Home Telephone:

Cell Phone:

If the student frequently speaks a language other than English at home, please indicate the language:

Parents of a child who is gifted have protections under Rule 6A-6.03313, FAC, Procedural Safeguards for Exceptional Students who are Gifted. (A copy of this information is attached and is available from http://www.firn.edu/doe/commhome/gifthome.htm). For further clarification call: Jillian Y. Vincent at 754-322-4000 or SusanTeller at (754) 321-2620

SmartScan/EasyFax 754-551-5569

