

**Broward County Public Schools
Exceptional Student Learning Support**

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

Parent/Guardian/Surrogate sign below:

Parent/Guardian/Surrogate

Date

Parent/Guardian/Surrogate

Date

Home Telephone:

Work Telephone:

Cell Phone:

Other:

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



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