

TRANSYLVANIA COUNTY SCHOOLS

Superintendent
Dr. Jeff McDaris

Morris Education Center Main (828) 884-6172
225 Rosenwald Lane FAX (828) 884-9524
Brevard, NC 28712-3299 www.tcsnc.org

Transylvania County Schools Parent Notification/Permission to Test Academically/Intellectually Gifted Program

Dear Parent/Guardian:

Re: _____ (Student)

The school Team for Academically Gifted (TAG) has received a nomination for your child to be considered for services in the academically/intellectually gifted program. The team will review his/her school history, including observations, achievement, aptitude, performance, interest, and motivation. This review may require further testing if additional information is needed. Your written permission is required for this testing. Please indicate your decision and return this letter to your child's school.

Additional information may be found in the attached *Academically/Intellectually Gifted Parent Handbook*. If you have questions or concerns about this request, please contact me.

Sincerely,

TAG Chairman

Date

School

_____ I acknowledge notification of my child's referral for AIG services and have received the *Academically/Intellectually Gifted Parent Handbook*.

_____ Yes, I give my permission for my child to be evaluated should additional information be required.

_____ No, I do not give permission for my child to be evaluated and/or considered

Parent Signature

Date