



**DORAL  
ACADEMY**  
*IMAGINATION. INNOVATION. EXCELLENCE.*

## **Parent Permission for Gifted and Talented Assessment and Services**

Date: October 28, 2020

To the parents of: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Campus: \_\_\_\_\_  
Student ID: \_\_\_\_\_

Your child has been referred to determine if he/she meets qualifications for gifted and talented services at Doral Academy. Please indicate below whether you give permission for your child to be assessed and, if he/she meets qualifications, to participate in the gifted and talented program.

Both this consent form and the parent checklist must be returned to the school as soon as possible so that the screening can take place.

If you have any questions or if you need additional information, please email  
GT@doralacademytx.com

Thank you.  
Gifted and Talented Team

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\_\_\_\_\_ **YES**, I give permission for my child to be assessed to determine if he/she meets qualifications to receive Gifted and Talented services at Doral Academy. Based on the assessment, if the Gifted and Talented committee selects my child, I give consent for my child to receive Gifted and Talented services at Doral Academy.

\_\_\_\_\_ **NO**, I DO NOT give permission for my child to be assessed to determine if he/she meets qualifications to receive Gifted and Talented services at Doral Academy.

\_\_\_\_\_ **NO**, I DO NOT give consent for my child to receive Gifted and Talented services at Doral Academy.

Parent's Name (Print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_