

**Stroudsburg Area School District
Gifted Education Services**

Parent Request Form

This form is to be completed by parents making a request for their child to be considered for gifted evaluation. Please have parent complete this form for verbal or written requests.

Student Name: _____

Grade: _____ School: _____

Homeroom Teacher: _____

Name of Parent/Guardian Completing the Form: _____

Parent/Guardian E-mail Address: _____

Parent/Guardian Phone Number: _____

I am writing to request that my child be considered for a gifted evaluation to determine if my child is mentally gifted.

I understand and agree that my child will be administered the KBIT (Kaufman Brief Intelligence Test) by the School Guidance Counselor during the screening and referral process.

Parent/Guardian Signature: _____ Date: _____

<p>For Office Use Only:</p> <p>Date Received: _____ (this date is documented on the Screening Worksheet (G3))</p> <p>Received By: _____</p>
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