

**GIFTED/TALENTED STUDENT SERVICES PLAN
Parental Response Form**

Name	
School	
Grade	
Date	

Your child has been identified for gifted/talented services based on his/her demonstrated potential in the following checked areas.

General Intellectual	Specific Academic	<input type="checkbox"/> Total Battery <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social <input type="checkbox"/> Studies	___ Creativity	___ Leadership	Visual/ Performing Arts	<input type="checkbox"/> Music <input type="checkbox"/> Drama <input type="checkbox"/> Dance <input type="checkbox"/> Art
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A g/t committee consisting of classroom teachers and special area teachers will plan together to develop a Gifted/Talented Student Services Plan (GSSP) for your child based on his/her interests, needs, and strengths. Differentiated activities may be provided in a regular classroom or in a resource group with a special area teacher.

Please help the school's g/t committee determine appropriate services by completing the following and returning it to the school within one week of receipt. You will receive a completed copy of the Gifted/Talented Student Services Plan (GSSP).

1. My child's educational interests/strengths are:

2. My child's activities, clubs, and lessons outside of school include:

Please check your child's three most preferred ways to learn.

Preferred Ways of Learning			
Reading		Presentations	
Listening		Projects	
Discussing		Performing	
Creating		Music	
Writing		Art	
Working Alone		Technology	
Working with Others		Other	

Comments:

___ Yes, my child has permission to receive gifted/talented services at his/her school.

___ No, my child DOES NOT have my permission to receive gifted/talented services at his/her school.

Parent Signature _____ Date _____