**Parent Permission to Collect Data**

Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been referred for the Gifted and Talented Program at the Shirley School District.

By signing this form, you are giving permission for your child to be tested for this program. Please understand that referral does not guarantee your child will be placed in this program. Also know that observational data, academic need, state assessments, achievement test, and student creativity will be used in determining your child’s need for GT services.

If you have any questions or concerns, please contact Jessica Mannon, GT Coordinator, at 501-723-8193 or email at [jess.mannon@shirley.k12.ar.us](mailto:jess.mannon@shirley.k12.ar.us)

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_