

Dumas Independent School District

Plan For Educationally Gifted Students

514 Pear – P.O. Box 715

Dumas, Texas 79029

Phone No. 399-5156

Permission for Evaluation

Please evaluate my child, _____, so that he/she can be considered for placement in PEGS.

I understand that he/she will be given a test of mental ability. Other tests deemed necessary by the PEGS Facilitator will be given and may include academic achievement tests or tests of creative ability.

I also understand that I have the right to review the results of any test that may be given, and that I may participate in determining the future educational plans of my son/daughter.

Please print neatly

Signature of parent or guardian

Date- **Form MUST be received by due date** Grade

Mailing Address

Home Phone Child's Birth date M/D/Y

Mother's Name Contact Number

Mother's Email address

Father's Name Contact Number

Father's Email address

Teacher's Name Referred by

Please provide at least one email address if possible.

For Office Use Only

Date Received _____