

## Type School Name Here

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

Dear Parent/Guardian,

Your child, \_\_\_\_\_, was screened to determine a need for further testing for gifted. The instrument used was the Kaufman Brief Intelligence Test, Second Edition.

The Post-Screening Committee has reviewed the screening information. We are making the following recommendations:

- No formal testing is needed at this time.  
 Referral for formal testing to Psychological Services is needed.

Please complete the attached Consent and Parent Information Form and return to the ESE Specialist ASAP.

Your child's teacher(s) will continue to monitor his/her progress in the classroom and will let us know if any significant changes occur. Thank you for allowing us to do this screening. It has helped us to better understand your child and has given us more information as to how to meet his/her needs in the classroom. If you have any further questions, please contact me at (enter your phone number here) or at (enter your email address here).

Sincerely,

Name of ESE Specialist  
ESE Specialist  
Name of School