



# Dorchester School District 4

500 Ridge Street, St. George, SC 29477

*Kelvin Wymbs, Ed.D.  
Superintendent*

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## Local Identification Parent/Student Consent Form for Participation in the Gifted and Talented Program

Your child has been locally identified for placement in the Gifted and Talented Program in Dorchester Four School District. It is important that students and parents of students participating in Gifted and Talented classes, through the local identification process, understand important points about local identification placement. You and your child are asked to read carefully the following information.

1. Locally identified students will receive instruction along with State identified Gifted and Talented students using the special class/pull out program model.
2. Locally identified students must maintain an overall average of 80% with no grade lower than a 70% in the core subject areas each nine weeks period. (If academic performance becomes a problem, a conference will be scheduled with the parents, student, and administration to discuss continued placement in the program)
3. Locally identified students will participate in the Gifted and Talented Program for a maximum of one year. Placement for additional years will be determined by the following:
  - a. G/T enrollment numbers for the upcoming year warrant the use of the local identification process; and
  - b. The student meets the criteria for State local identification; and
  - c. The student's academic and achievement performance as a locally identified student was met during his/her trial placement.

**As a parent,** I understand the importance of my support and encouragement if my child is to achieve his/her greatest potential in the Gifted and Talented Program as a locally identified student.

**As a student,** I accept the responsibility to complete assignments to the best of my ability ensuring success in the Gifted and Talented Program as a locally identified student.

\_\_\_\_\_ I **do** want my child to participate in the G/T Program as a locally identified student.

\_\_\_\_\_ I **do not** want my child to participate in the G/T Program as a locally identified student.

\_\_\_\_\_

Print Student's Name

\_\_\_\_\_

School

\_\_\_\_\_

Grade

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

If you have any questions or concerns, please contact my office at (843) 701-0133.

Respectfully,

Shelissa Bowman M.Ed., Gifted and Talented Coordinator