

Parent Notification for Participation in the Primary Talent Pool

Dear Parents/Guardians,

Your child has been selected for participation in the Primary Talent Pool. Your child was placed in the Primary Talent Pool because he/she shows high potential in the area(s) of _____ . At least three informal assessments in the area(s) were used to determine your child's eligibility for the Primary Talent Pool.

Placement in the Primary Talent Pool means that your child will receive appropriate differentiated services to help develop his/her abilities in the specific area(s) identified. Appropriate services may include options such as the following: cluster grouping, various acceleration options, differentiated study experiences in the regular classroom, resource services delivered in the general classroom or pull-out classroom independent projects, learning centers, and curriculum compacting. Primary Talent Pool services may be provided both within the regular classroom and/or outside of the classroom.

Parent permission is needed for a child to participate in the Primary Talent Pool. Some children who participate in the Primary Talent Pool may be identified for gifted services as they exit the primary program. The formal identification process begins at that time. An informational meeting for parents will be held on

_____ at _____ from _____. The agenda will include:

- What is the Primary Talent Pool?
- Why and how are children selected to participate?
- What services might children receive?
- What are the responsibilities of parents/guardians of a child participating in the Primary Talent Pool?
- How might parents assist?

As the Primary Talent Pool/Gifted/Talented Specialist in your school, I will be meeting with you to discuss ways in which I can support you in delivering services for your child.

Permission to Participate forms will be distributed following this meeting. If you are unable to attend this meeting, please call me at _____ for an alternative time. Participation in the Primary Talent Pool does not guarantee that a child will be identified for gifted services as they exit the program.

Thank you.

Participation in the Primary Talent Pool

_____ Yes, I give permission for my child, _____ to participate in the PTP.

_____ No, I do not want my child, _____ to participate in the PTP.

I understand that selection to participate in the Primary Talent Pool does not imply that my child is or will be formally identified as gifted and talented.

Signature of Parent or Guardian: _____ Date: ____/____/____