

<b>Trion City Schools</b>
<b>919 Allgood Street STE2</b>
<b>Trion, Georgia 30753</b>

**Date:**

**From:** Sandy Bryant  
919 Allgood Street  
STE 2  
Trion, GA 30753

**To:**

**Subject:** Parent Notification that a child does not qualify

**Concerning:**

**Dear:**

Thank you for your interest in the gifted program. The evaluation process is now complete. The eligibility committee considered your child's achievement, mental ability, creativity, and motivation scores. At this time, the data do not indicate the need for gifted program services.

Area Your Child's Scores / Required Scores

Achievement / \_\_\_\_\_ / \_\_\_\_\_ 90%

Mental Ability / \* \_\_\_\_\_ / \_\_\_\_\_ 96%

Creativity / \_\_\_\_\_ / \_\_\_\_\_ 90%

Motivation / \_\_\_\_\_ / \_\_\_\_\_ 90%

\*V= Verbal NV= Nonverbal Q=Quantitative Com= Composite

Please encourage your child to continue the excellent academic achievement that contributed to the original decision to refer him or her to the committee for consideration.

This current decision does not preclude consideration for the program at a later date.

Upon your request and/or based on your child's performance, a re-evaluation may be performed in one year to determine placement in the program.

Should you desire a conference to discuss this matter with a member of the eligibility team, please contact the Student Support Services Office at 706-734-0711.

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Sandy Bryant  
Director  
Student Support Services

<b>Trion City Schools</b>
<b>919 Allgood Street STE2</b>
<b>Trion, Georgia 30753</b>

**Date:**

**From:** Sandy Bryant  
919 Allgood Street STE 2

**To:**

**Subject:** Parental Consent to Participate

**Concerning:**

**Dear:**

Your child has been determined to be eligible for placement in the gifted program. After receipt of your signed consent, services will begin on \_\_\_\_\_.

Attached is a copy of the Gifted Program Philosophy and Goals and the Continuation Policy for Trion City Schools. An annual review of your child's progress will be completed annually.

Should you desire a conference to discuss this matter further, please contact the Student Support Services Office at 706-734-0711.

Please indicate your decision concerning your child's enrollment in the program for gifted by signing below and returning to the Student Support Services Office.

Please complete and return.

☐ I do agree for placement in the program for gifted.

COMMENTS: \_\_\_\_\_

☐ I do not agree for placement in the program for gifted.

COMMENTS: \_\_\_\_\_

☐ I would like to be contacted by a gifted instructor for more information concerning the program.

\_\_\_\_\_  
Signature of Parent/Guardian & Date

<b>Trion City Schools</b>
<b>919 Allgood Street STE2</b>
<b>Trion, Georgia 30753</b>

**Date:**

**From:**

**To:**

**Subject:** Annual Review

**Concerning:**

**Dear:**

A review of your child's performance this school year in the Quest Program and in the regular class has been completed. The review has determined that for the school year \_\_\_\_\_:

\_\_\_\_\_ Your child's continued placement in the Quest Program is appropriate. Your child will continue in the program unless you disagree with this placement. If you disagree, please contact your child's Quest teacher.

\_\_\_\_\_ Your child will continue in the Quest Program on probation because the continuation criteria were not met. Your child exhibited unsatisfactory performance in the regular and/or gifted programs.

Comments:

Students who do not meet the continuation criteria after a probationary period are withdrawn from the Quest Program.

\_\_\_\_\_  
Signature of Parent/Guardian & Date