

PERMISSION FOR ASSESSMENT

GI-3

To the Parents/Guardian of: _____ Date of Birth: ____/____/____
(child's name)

Address: _____

Parent/Guardian: _____ Phone: _____

School: _____ Grade: _____ Referred By: _____

Your child has been referred as a potentially gifted child. Assessments are required for identification purposes.

The following assessments may be administered to your child:

- | | |
|---|--|
| <input type="checkbox"/> CogAT – a school ability test | <input type="checkbox"/> Otis-Lennon – a school ability test |
| <input type="checkbox"/> IOWA – a school achievement test | <input type="checkbox"/> Stanford – a school achievement test |
| <input type="checkbox"/> WISC-IV – a full scale intelligence test | <input type="checkbox"/> WASI – an abbreviated intelligence test |
| <input type="checkbox"/> Other _____ | |

No assessment will be done without your written permission. Please read the information below and return it to school as soon as possible. If you have questions, please contact _____ at _____.

* * * * *

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification.

Permission is given to conduct the assessment(s)

Permission is denied

Signature

Relationship to Child

Date

PLEASE RETURN TO: Building Principal

OR

Judy Chaffins
Allen County Educational Service Center
1920 Slabtown Rd.
Lima, OH 45801
419-222-1836, Ext. 109