

Permission for Assessment

Dear Parents/Guardian:

You are receiving this permission form for one of two reasons. Either your child has been referred for possible gifted identification or your child was given the Cognitive Abilities Test/the IOWA test of Basic Skills as a part of our district plan for the identification of gifted students. His/her score was at a level such that he/she needs to be tested further for possible gifted identification. The following assessments may need to be administered to your child:

Woodcock Johnson, IOWA, CogAT, Terra Nova, or WISC

No assessment may be done without your written permission. Please read the information below and return it to the ESC. **If you have questions, please contact the following:**

Cathryn Petticrew
Director of Student Achievement
Phone: (937) 599-5195 x5510
Email: cpetticrew@mresc.org



I understand that if I grant permission, my child _____ (Student's name) will receive assessments(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 COMPLETE THIS FORM AND RETURN TO:

Midwest Regional Educational Service Center

Gifted Testing

121 South Opera Street

Bellefontaine, Ohio 43311

937 599-5195 x5504