

**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  
WISC*

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

Jennifer Frederick  
Coordinator of Gifted Services  
(937) 599-5195



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
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(PLEASE COMPLETE THIS FORM AND RETURN TO THE BUILDING  
PRINCIPAL/GIFTED INTERVENTION SPECIALIST/COORDINATOR OF GIFTED  
SERVICES)