



**GIFTED REFERRAL/PERMISSION TO TEST**

To the Parents/Guardians of \_\_\_\_\_ Date \_\_\_\_\_

Olentangy Local Schools would like permission to further test your child for potential qualification for gifted services provided by our school district. This testing is needed because:

\_\_\_\_\_ Your child has at least one recent high test score in math and/or reading

\_\_\_\_\_ Your child has a high ability score

\_\_\_\_\_ It has been requested or recommended (Please circle one, Parent or Teacher)

With your permission, we will administer this testing. We will share the results with you in a timely manner and will indicate whether or not your child is eligible for gifted services.

Please be assured that we are committed to continue to maximize the learning of all student in every classroom through challenging curriculum and enriched opportunities. If your child should not qualify for gifted services as a result of the assessments, the information about your child's ability and/or achievement will be shared with his/her classroom teacher so that the teacher will have the opportunity to use this information in making curricular decisions.

Please contact the gifted specialist at your child's building if you have any questions or concerns.

Sincerely,

**Erica Boone**

Supervisor of Gifted Education

**PERMISSION FORM**

Please sign and return this form to Ms/Mr. \_\_\_\_\_, Gifted Specialist.

I give permission for my child, \_\_\_\_\_, to be tested to determine eligibility for gifted services.

Parent's signature\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Child's Classroom Teacher \_\_\_\_\_ Grade Level \_\_\_\_\_

