

PERMISSION FOR ASSESSMENT

River Valley

To The Parents/Guardian Of: _____
Students Name _____ Student Date of Birth ____/____/____

Address: _____ City: _____ Zip Code _____

Parent/Guardian: _____ Phone: _____
Home Number _____ Work Number _____

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:

<i>Kaufman Brief Intelligence Test (KBIT 2)</i>	<i>Cognitive Abilities Test (CogAT) Form</i>
<i>ITBS Form M, Complete Battery</i>	<i>Scales for Rating Behavior</i>
<i>Terra Nova (CTBS/5)</i>	<i>Metropolitan Achievement Test 8 Ed.</i>
<i>Stanford Achievement Test Series, 9th Ed. Form SA</i>	<i>Raven Progressive Matrices Stand.</i>
<i>Woodcock-Johnson Revised: Test of Cognitive Abilit</i>	

No assessment will be done without your written permission. Please read the information below and return it to the building administrator as soon as possible. If you have questions, please contact Ronda Uresti, Coordinator of Gifted Education at (740) 387-6625

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 Student _____ Date ____/____/____

PLEASE RETURN TO THE BUILDING ADMINISTRATOR
BUILDING ADMINISTRATOR PLEASE RETURN TO THE COORDINATOR OF GIFTED EDUCATION