



Clark-Shawnee Local
School District

EARLY ENTRANCE TO KINDERGARTEN
EVALUATION AND REVIEW
PERMISSION TO ASSESS FORM

Child's Name: _____ Birth Date: ____/____/____

Home Address: _____
Street Address City State ZIP

Parent/Guardian Name: _____

Referred by: **Parent** **Preschool Teacher** **Doctor** **Community Member**

In giving my permission, I understand that any or all of the following may occur in accordance with Clark-Shawnee Local Schools Policy for Academic Acceleration:

- ⇒ Administration of Assessments (e.g. cognitive, achievement, aptitude and any other measures to determine appropriate placement)
- ⇒ Review of relevant records
- ⇒ Observation of child
- ⇒ Interview with preschool teachers, day care providers, or parent/guardian
- ⇒ Acceleration Team meeting

No assessment, evaluation, or review will be done without written permission.

I understand that if I grant permission, my child will receive assessments by designated school personnel and that the information may be shared, as required, with teachers, principals, and other appropriate school personnel.

Permission is given to conduct the evaluation and review

Permission is denied

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Please return application, permission to assess, and checklist for review by **April 10th**
to John Campbell, Gifted Coordinator, at the Board Office. *Email:* john.campbell@cslocal.org