



# Kettering City Schools

Gifted Education Services  
580 Lincoln Park Suite 105  
Kettering, Ohio 45429  
FAX – (937) 499-1464

Elementary Gifted Coordinator, Lynn Cannarozzi  
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Secondary Gifted Coordinator, Darren McGarvey  
[Darren.McGarvey@ketteringschools.org](mailto:Darren.McGarvey@ketteringschools.org)

GI-3 or District Form

## Permission for Assessment

To the Parents/Guardian of: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(child's name)

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Referred by: \_\_\_\_\_

In the area of: \_\_\_\_\_

Your child has been referred to as a potentially gifted child. Assessments are required for identification purposes. The following assessments may be administered to your child:

Test of Cognitive Skills  
Woodcock Johnson

Inview  
Terra Nova Complete Battery

No assessment will be done without your written permission. Please read the information below and return it to school as soon as possible. If you have questions, please contact: **Lynn Cannarozzi at 937-499-1491.**

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 Child

\_\_\_\_\_  
Date

Please email your written permission to the appropriate contact listed above or print a copy of this form and return to your student's teacher.