



HUDSON CITY SCHOOLS

PERMISSION FOR ASSESSMENT

Please send completed forms to:
Derek Hatcher, Gifted Services Coordinator
Hudson Middle School
83 North Oviatt St., Hudson, OH 44236
Fax: 330-653-1368
HatcherD@hudson.k12.oh.us

Referred by: _____
(Name)

- ☐ Teacher
☐ Parent/Legal Guardian
☐ Student (self-referral)
☐ Other (specify) _____

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 further understand that I will be informed of whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification and/or qualifies for gifted services according to the criteria established by the Hudson City School District.

_____ I grant permission to conduct the testing (both screening and assessment)

_____ Permission is denied

Student's Name and ID Number

Student's Date of Birth

Current Grade

School

Parent/Guardian Name(s)

Parent Email Address

Parent Phone Number

Signature of Parent/Guardian

Date

Please note: No assessments will be conducted without parent/guardian permission.

Angela Terella, Assistant Superintendent • terellaa@hudson.k12.oh.us

Empowering Students to Achieve Uncharted Levels of Success