

# Franklin Monroe Local School District

8591 Oakes Road  
Arcanum OH, 45304  
Angie Fugate, *Gifted Coordinator*  
[angela.fugate@fmlsd.org](mailto:angela.fugate@fmlsd.org)



## Permission for Gifted Assessment

To the Parent(s)/Guardian(s) of: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent/Guardian name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Your child has been referred for testing for potential gifted identification in one or more areas. Assessments are required for identification purposes. Your child may be given multiple assessments depending on the area(s) for which the referral has been made. Your child has been referred for assessment in the area(s) of:

\_\_\_\_ Superior Cognitive Ability

\_\_\_\_ Specific Academic Ability: \_\_\_\_math \_\_\_\_reading/writing \_\_\_\_science \_\_\_\_social studies

\_\_\_\_ Creative Thinking Ability

\_\_\_\_ Visual & Performing Arts: \_\_\_\_art \_\_\_\_band \_\_\_\_choir \_\_\_\_drama \_\_\_\_dance

Written permission from parent(s)/guardian(s) must be on file before any assessments may be given. Please sign and return this permission form to the school as soon as possible. Contact **Angie Fugate** at [angela.fugate@fmlsd.org](mailto:angela.fugate@fmlsd.org) with any questions.

I understand that I am granting permission for my child to be assessed by designated Franklin Monroe school personnel and that the information will be shared with teachers, principals, and other essential stakeholders. I will be informed of my child's scores and potential area(s) of gifted identification following the Ohio Department of Education and Workforces criteria and guidance for gifted identification. I also understand, according to Ohio law, that identification is not a guarantee of service.

\_\_\_\_ Permission is given to conduct assessment(s) in the areas listed above

\_\_\_\_ Permission to assess is denied

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Please sign and return this form to your child's classroom/homeroom teacher or scan and email it to [angela.fugate@fmlsd.org](mailto:angela.fugate@fmlsd.org)*