

# Morgan Local Gifted Education

## Parent Permission to Test

To the parents/Guardian of: \_\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

\_\_\_\_Woodcock Johnson- IV

\_\_\_\_WISC-V

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 Kelley Huck, Gifted Consultant via email [khuck@morganschools.org](mailto:khuck@morganschools.org)

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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

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Signature

relationship to the child

date

**Please return this form to your child's teacher.**