

## Permission for Gifted Assessment

Dear Parent(s)/Guardian(s):

You are receiving this permission form because your child has qualified for possible gifted identification. We may need to administer one or more assessments from the ODE Chart of Approved Assessments to determine whether your child identifies as gifted: No assessment may occur without your written permission.

Please read and complete the information below; then, return it to your child's teacher at Morgan Local Schools. or scan and email the signed form to:

**Kalee Gates at the OVESC. [kalee.gates@ovesc.org](mailto:kalee.gates@ovesc.org)**

*I understand that, if I grant permission, my child \_\_\_\_\_ (Student's full name) will receive assessments(s) by designated school personnel and that teachers, principals, and other appropriate school personnel will have access to needed information. Upon completion of testing, school or ESC personnel will inform me whether the child qualifies according to the State of Ohio criteria for gifted identification.*

☐ **I give permission to assess my child.**

☐ **I deny permission to assess my child.**

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_ Name of School \_\_\_\_\_