Permission for Assessment

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

Address: _____ Student Id: _____

Parent/Guardian: _____ Phone: _____

School: _____ Grade: _____ Class of: _____

Referred by: Bethany Moore Position: Gifted Coordinator

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

Cognitive Abilities Test (CogAT)

InView Test of Cognitive Abilities (InView)

Kaufman Brief Intelligence Test (KBIT)

Stanford Ten Achievement Test

Terra Nova Achievement Test

Iowa Test of Basic Skills (ITBS)

Woodcock Johnson IV (WJIV) Test of Achievement

Woodcock Johnson IV (WJIV) Test of Cognitive Abilities (to be administered by the school psychologist)

Wechsler Intelligence Scale for Children 5th edition (WIS-V) (to be administered by the school psychologist)

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 the Coordinator of Gifted Services at 419-833-6011.

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 return as soon as possible to:

Bethany Moore, Coordinator of Gifted Services
Eastwood Local Schools
4800 Sugar Ridge Rd.
Pemberville, Ohio 43450