



SPECIAL SERVICES DEPARTMENT

SHANNON MILLER, *Director of Special Services* • JEFF GRAN, *Secretary*

Permission for Assessment

To the parents/guardians of: _____

Date of Birth: _____

Parent Name(s): _____

Phone: _____

Address:: _____

Building: _____

Referred by: _____

Grade: _____

Your child has been referred as a potentially gifted child. Assessments are required for identification purposes. During the screening and identification process, assessment instruments approved by the State of Ohio will be administered. No assessments will be done without your written permission. Please read the information below and return this form to the Special Services Department. If you have any questions, please contact the Special Services Department at 330-533-6219.

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. Canfield Schools conducts gifted testing two times per year. The specific dates of testing will be sent via email.

Please provide your email address: _____

_____ Permission is given to conduct the assessment(s)

_____ Permission is denied

Signature: _____

Date: _____

Relationship to Child: _____

Results from the assessments will be shared with the parents by mail, upon completion of all areas assessed. This information will only be shared with parents as we cannot release this information to the students.

100 Wadsworth St., Canfield, OH 44406 • 330-702-7017 • canfieldschools.net

As a community, we educate, motivate, and innovate for individual lifelong success.