

Permission for Assessment

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

Address: _____

Parent/Guardian: _____ Phone: _____

School: _____ Grade: _____ Referred by: _____

In the area of: _____

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

Test of Cognitive Skills

Otis Lennon

Woodcock Johnson

Terra Nova Complete Battery

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: **Dawn Cauldwell at 499-1491.**

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 to:

Dawn Cauldwell
 Kettering Board of Education
 3750 Far Hills Avenue
 Kettering, OH 45429
 FAX – (937) 499-1464

...or

Email your written permission to...
dawn.cauldwell@ketteringschools.org