Permission for Assessment

Dear Parent(s)/Guardian(s):

You are receiving this permission form for one of two reasons: either your child has been referred for possible gifted identification, *or* your child was given the Cognitive Abilities Test/the IOWA test of Basic Skills as a part of our district plan for identifying gifted students. His/her score revealed that he/she needs further testing for possible gifted identification. We may need to administer one or more of the following assessments or an assessment from the ODE *Chart of Approved Assessments* to determine whether your child identifies as gifted:

Woodcock-Johnson, IOWA, CogAT, NNAT-3, Terra Nova, or WISC.

No assessment may occur without your written permission. Please read and complete the information below; then, return it to the ESC via email or "snail mail". If you have questions, please contact:

Erica Baer

Director of Student Achievement

Email: ebaer@mresc.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 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_____

PLEASE COMPLETE THIS FORM AND RETURN via email or regular mail TO:
ebaer-woods@mresc.org
Midwest Regional Educational Service Center
Attn: Erica Baer-Woods, Director of Student Achievement
129 E. Court St.
Sidney, Ohio 45365