

*Mississinawa Valley Local School
Permission for Assessment*

To the parents/guardian of: _____ Date of birth ____/____/____

Address: _____

Parent/Guardian _____ Phone _____

School _____ Grade _____ Current Date ____/____/____

Your child has been referred for assessment to determine gifted identification in one or more area/s according to the criteria established by the Ohio Department of Education. With signed permission below, an individual achievement test will be administered to your child in the area/s in which he/she demonstrates high achievement.

No assessment will be done without your written permission. Please read the information below and return this completed form to the school. Contact the coordinator of gifted services at the Darke County ESC, 548-4915, if you have questions.

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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 ODE criteria, for gifted identification.

_____ Permission is given to conduct the assessment(s)

_____ Permission is denied.

signature of parent/guardian

relationship to child

date

Please return as soon as possible so testing can be scheduled. Your child's classroom teacher will be consulted before scheduling the test.