Permission for Assessment

Student Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Phone: _____

School: _____ Grade: _____ Referred by: _____

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:

Woodcock Johnson III (WJIII) Test of Achievement

Woodcock Johnson III (WJIII) Test of Cognitive Abilities (to be administered by the school psychologist)

K-BIT: Kaufman Brief Intelligence Test

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 419-833-3611.

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