



# Miami County Educational Service Center

## Board of Education Office

Superintendent, Tom Dunn

Treasurer, Cindy A. Hale

### Permission for Assessment

To the Parent/Guardian of: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Referred by: \_\_\_\_\_

Dear Parent/Guardian:

Your child has been referred as a potentially gifted child in the following area(s):

Assessments are required by Ohio mandate for identification purposes. Your child will be assessed using one or more Ohio approved "Instruments for the Identification of Children Who are Gifted." No assessment will be done without your written permission. If you have any questions, please don't hesitate to contact Patricia Gillespie, Gifted/Talented Coordinator, Miami County Educational Service Center at (937) 339-5100, Ext. 344.

Please review and revise the personal information above and complete the permission form below.

*"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 in accordance with the State of Ohio criteria for gifted identification."*

Permission is granted to conduct the assessment(s)

Permission is denied.

\_\_\_\_\_  
Signature Relationship to Child Date

(Please sign and return this entire form to your child's homeroom teacher as soon as possible.)