

Meigs Local School District
Permission for Assessment

To the Parents/ Guardian of: _____

School: _____ Grade: _____ Referred By: _____

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

Ability Test

Achievement Test

No assessment will be done without your written permission. Please read the information below and return it to the school as soon as possible. If you have questions, please contact: Sarah Lee, Gifted Coordinator at 740-742-2666 ext. 4105.

Please return bottom section

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. Identification does not guarantee services by the Talented and Gifted Teacher.

Permission is given to conduct assessment(s).

Permission is denied.

Signature: _____ Date: _____

Relationship to student: _____ Phone: _____

Please return to the gifted coordinator within 2 weeks of above date.