



Date \_\_\_\_\_

PERMISSION for ASSESSMENT for Gifted Identification

To the Parents/Guardian of \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_
Address \_\_\_\_\_ Toledo, OH 436\_\_\_
Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Age \_\_\_\_\_

- Referral type: \_\_\_ Referral based on recent MAP or InView test scores
\_\_\_ Teacher referral
\_\_\_ Parent referral
\_\_\_ Other \_\_\_\_\_

Additional testing is being requested for potential identification of areas of giftedness. The following assessments may be administered:

- Cognitive assessment: Cognitive Abilities Test (CogAT) and/or Naglieri Nonverbal Ability Test (NNAT)
Achievement assessment: Woodcock-Johnson III Achievement Battery and/or The Iowa Assessments

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I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and 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 assessment(s)

[ ] Permission is NOT given to conduct assessment(s)

Signature \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to your child's classroom teacher or mail to: WLS Gifted Services Department, 3505 W. Lincolnshire Blvd., Toledo, OH 43606. If you have any questions, please contact the Gifted Services department at 419.473.8246.