



CLEAR FORK VALLEY LOCAL SCHOOLS

<http://www.cfcolts.org>

92 Hines Avenue Bellville, OH 44813-1232 (419) 886-3855 FAX (419) 886-2237

Janice Wyckoff, Superintendent

Mr. Jon Mason, Treasurer

Permission for Gifted Identification Assessment

Today's Date _____

To the Parents/Guardians of: _____ 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 gifted identification. One or more of the following assessments may be administered to your child:

InView Cognitive Abilities Assessment, Woodcock Johnson IV, TERRA NOVA

No assessment will be done without your written permission. **Please complete this form and return it to your child's teacher as soon as possible.**

If you have questions, please contact:

Kathy Quickle: quicklek@cfcolts.org or 419-886-3855

I understand that if I grant permission for testing, my child, _____,
(child's name)

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 assessment(s).

_____ Permission is denied to conduct assessment(s).

Signature

Relationship to Child

Date

Signature of Teacher Receiving Referral

Date Received