



Three Rivers Local School District

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PERMISSION FOR ASSESSMENT

To the Parents/Guardian of: _____ Date of Birth _____

(child's name)

Address: _____

Parent/Guardian: _____

Phone Number: _____ School: _____ Grade: _____

Referred By: _____

Your child has been referred for assessment of potential giftedness in one or more of the following areas: cognitive ability; the specific academic areas of reading, math, science, or social studies; creative thinking ability; or visual/performing arts. Ohio law currently requires school districts to offer such assessments for *identification purposes only*. If a child is identified as gifted in any of the above areas, parents and teachers are notified so that these individual student strengths may be nurtured within the regular classroom setting. The following assessments may be administered to your child:

_____ Ability Testing

_____ Achievement Testing (reading, math, science and social studies)

_____ Creative Thinking

_____ Visual/Performing Arts

NO ASSESSMENT WILL BE DONE WITHOUT YOUR WRITTEN PERMISSION. Please complete this form and return it to your child's homeroom teacher by

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 has been identified as gifted in any area, according to the State of Ohio criteria.

_____ Permission is given to conduct the assessment(s)

_____ Permission is denied

Signature

Relationship to Child

Date