



Toronto City Schools Permission for Gifted Assessment

Child's Name:

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 identification purposes. The following assessment will be administered to your child:

Iowa Test of Basic Skills

No assessment will be done without written permission. Please read the information below and return this to school as soon as possible. If you have any questions, please contact Melissa Brown, Gifted Intervention Specialist at 740-537-2471

Testing is for identification purposes only and does not mean that gifted services will be offered.

I understand that if I grant permission, my child will receive an assessment 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 the assessment

Permission is denied

Signature

Relationship to Child

Date

Please return to your child's teacher by _____.