

**PERMISSION FOR ASSESSMENT**

Student \_\_\_\_\_ Grade \_\_\_\_\_

*No assessments will be administered without a parent or guardian's written permission. Please read the information below carefully and return this form to the school. Questions and concerns can be addressed to Mr. Hatcher, Gifted Intervention Specialist, at James A. Garfield Elementary.*

I understand that if I grant permission to the James A. Garfield Local School District, my child will receive assessments by designated and qualified school personnel. The information from the assessments may be shared with teachers, principals, and other appropriate school staff. I will be informed of whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification.

By signing this form, I am giving permission to the James A. Garfield Local Schools to conduct assessments for gifted identification for my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name

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

