



## Parent/Guardian Permission for Assessment

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Referred By (if known): \_\_\_\_\_ Date: \_\_\_\_\_

Your child has been referred as a potentially gifted student. Ability and achievement tests are required for identification purposes. No assessment will be done without your written permission. Please read the following information and return it to the Gifted and Talented Division at the address listed below. If you have questions, please contact:

\_\_\_\_\_ at 365-6626

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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 understand that Columbus City Schools follows State of Ohio criteria for identification and I will be informed whether or not my child is identified and in which area(s).

- Permission is given to conduct the assessment(s).
- Permission is denied.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_  
(Date)

Please return to: Gifted and Talented Division  
3700 S. High St.  
Columbus, Ohio 43207  
Fax: (614-365-8605)