

Date\_\_\_\_

## PERMISSION for ASSESSMENT for Gifted Identification

To the Parents/Guardian of		Date	Date of Birth//	
Address		Toledo, OH 436		
Parent/Guardian	Phone			
School	Grade	Teacher	Age	
Referral type: Referral based on recent MAP or InView test scores Teacher referral Parent referral Other				
Additional testing is being rea The following assessments ma			of areas of giftedness.	
Cognitive assessment:	ment: Cognitive Abilities Test (CogAT)and/or Naglieri Nonverbal Ability Test (NNAT)			
Achievement assessment: Woodcock-Johnson III Achievement Battery and/or The Iowa Assessments				
	*****	****		
I understand that if I grant pe designated school personne principals, and other approp my child qualifies, according	l and the infor priate school p	mation may be share ersonnel. I will be infor	d with teachers, med of whether or not	
Permission is given t	to conduct a	assessment(s)		
Permission is NOT gi	ven to conc	luct assessment(s)		
Signature	Rela	tionship to child	Date	
Please return this form to your child 3505 W. Lincolnshire Blvd., Toledo, Services department at 419.473.82	OH 43606. If you I		•	