



Marion City Schools

Permission for Gifted Identification Testing

Please complete the following information:

Student: _____ Student DOB: _____

School: _____ Grade _____

Parent/Guardian: _____

Address: _____ Phone: _____

Your Child has been referred for a potential candidate for gifted identification in the area(s) of: Please Circle Area(s):

Reading Math Social Studies Science
Superior Cognitive Ability Creative Thinking Ability

Assessments are required for identification purposes. The following assessments may be administered to your child:

- Cognitive Abilities Test (CogAT)
- Iowa Assessments, Complete Battery
- Naglieri Nonverbal Ability Test, Third Edition (NNAT3)
- Gifted and Talented Evaluation Scales, Second Edition (GATES-2)
- Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)
- Woodcock-Johnson IV, Tests of Achievement (WJ-IV)

No assessment will be completed without your permission. Please read the information below: Sign the form, and return to your child's building Principal.

I understand that if I grant permission that my child will receive assessment(s) by a designated school personnel and that the information may be shared with Teachers, Principals and other appropriate school personnel. I will be informed if my child qualifies according to the State of Ohio's criteria for gifted Identification.

___ I give permission for the assessments

___ Permission is denied

Signature _____ Relationship to child _____

Date _____ School _____

Please sign and return to your child's Building Principal
cc: Student file, Gifted Supervisor