

## GIFTED SERVICES PERMISSION FOR ASSESSMENT

To the Parent/Guardian of:	Grade:	School: Marion Local Schools
WHY WE ARE ASKING TO ASSESS YOUR STU		
☐ The Gifted Services Office has received a re	ferral for your c	hild from:
Your child met the screening cut score on the	e following test:	
ABOUT THE ASSESSMENT		
All instruments used must be on the Ohio Department of Edinstruments including screenings for Specific Academic Abiuses one or more of the following testing instruments:		
<ul> <li>Woodcock Johnson IV (WJ-IV), Tests of Cognitive Abilities Test (CogAt) Form 7</li> <li>Otis-Lennon School Ability Test – 8th Edition</li> <li>Iowa Assessments</li> <li>Stanford Achievement Tests</li> <li>TerraNova, 3rd Edition, Complete Battery</li> <li>Woodcock-Johnson IV, Tests of Achievement NU</li> </ul>	Abilities	
PLEASE RESPOND TO THE FOLLOWING IMPO	DRTANT OUES	STIONS:
	□ NO	□ YES
If YES, what language(s)		
2. Does your student have an IEP or 504 Plan?	□ NO	□ YES
If YES, which plan		
3. Does your student need assistive technology or	other accommod	lations in order to be tested for Gifted
services?	□ NO	☐ YES
If YES, please specify		
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Please use this space to provide any additional inforeverse side of this form if necessary.)	ormation you w	ould like to include (continue on the
PERMISSION – PLEASE COMPLETE AND SIGN Student's Birth Date: Parent/Gu		N IN THE PROVIDED ENVELOPE
Permission is GRANTED to conduct individual tes	ting for my stud	lent for superior cognitive and/or specif
academic abilities.		101 paparor ocemuro michor phoon
☐ Permission is <b>DENIED</b> – I do not want testing cond	lucted for my st	udent.
Please Print Parent/Guardian Name Sis	mature of Parent/G	uardian Date Signed

The Marion Local School District, in compliance with Section 3324.03 of the Ohio Revised Code, annually identifies gifted students. Educational opportunities are offered without regard to race, color, national origin, sex, and/or handicap.