

**CANFIELD LOCAL SCHOOLS
OFFICE OF SPECIAL SERVICES
330-533-6219**

John M. Vitto, Director of Special Services
Josie C. Homsey, Secretary

Permission for Assessment

To the parents/Guardians of:

Date of Birth:

Address:

Phone:

, OH

Parent Name (s):

Class of:

Building:

Referred by: _____

Your child has been referred as a potentially gifted child. Assessments are required for identification purposes. During the screening and identification process, assessment instruments approved by the State of Ohio will be administered. No assessments will be done without your written permission. Please read the information below and return this form as soon as possible. If you have any questions, please contact:

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. Canfield Schools conducts gifted testing two times per year. The specific dates of testing will be sent via email. Please provide your email address: _____.

___ Permission is given to conduct the assessment(s)

___ Permission is denied

Signature: _____

Relationship to Child _____

Date: _____

Please return this permission form in the envelope provided at your earliest convenience

Results from the assessments will be shared with the parents by mail, upon completion of all areas assessed. This information will only be shared with parents, we cannot release this information to the students.