

GIFTED SERVICES PERMISSION FOR ASSESSMENT

| To the Parent/Guardian of: | Grade | : School: St. Henry Schools |
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| WHY WE ARE ASKING TO ASSESS YOUR STUI The Gifted Services Office has received a re Your child met the screening cut score on the ABOUT THE ASSESSMENT All instruments used must be on the Ohio Department of Edu Instruments including screenings for Specific Academic Abi District typically uses one or more of the following testing in | ferral for your che following test: cation's Chart of lities (WJIV). The | Approved Gifted Identification/Screening |
| Woodcock Johnson IV (WJ-IV), Tests of Cognitive Acceptable of Cog | Abilities | |
| PLEASE RESPOND TO THE FOLLOWING IMPO 1. Is a second language spoken in the home: (If YES, what language(s) | □ NO | ☐ YES |
| 2. Does your student have an IEP or 504 Plan? (If YES, which plan | | □ YES |
| Does your student need assistive technology or services? (If YES, please specify | | |
| 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 ☐ Permission is GRANTED to conduct individual test academic abilities. | ardian Phone: | |
| ☐ Permission is DENIED – I do not want testing cond | lucted for my stu | ident. |
| Please Print Parent/Guardian Name Sig | nature of Parent/Gu | ardian Date Signed |

The St. Henry Consolidated 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.