

**Marion City Schools**

**Permission for Gifted Identification Testing**

2023-2024

**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 of \_\_\_\_\_

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)
- Scales for Rating Behavioral Characteristics of Superior Students (SRBCSS)
- 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 Coach/Coordinator**