

Permission for Assessment  
Wellington Exempted Village Schools

Your child has been referred as a potentially gifted child. An assessment is required for identification purposes. In order to conduct the necessary testing, your permission must be given before testing can be performed. If you have any questions about the assessment process, please contact the Gifted Education Coordinator at [jkollar@wellington.k12.oh.us](mailto:jkollar@wellington.k12.oh.us).

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Referred by: \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom teacher \_\_\_\_\_

Your child will be assessed in one or more of the following areas:

\_\_\_\_\_ Superior Cognitive

\_\_\_\_\_ Specific Academic

\_\_\_\_\_ Math \_\_\_\_\_ Reading/Writing \_\_\_\_\_ Social Studies \_\_\_\_\_ Science

\_\_\_\_\_ Creative Thinking

\_\_\_\_\_ Visual and Performing Arts

\_\_\_\_\_ Drama \_\_\_\_\_ Dance \_\_\_\_\_ Art \_\_\_\_\_ Music

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Please check one of the options below:

\_\_\_\_\_ I give permission for gifted identification testing.

\_\_\_\_\_ I deny permission for gifted identification testing at this time.

I understand that if I grant permission, my child will be given the assessments by designated school personnel and that the results may be shared with teachers, principals, and other appropriate school personnel. No assessment will be given without my signed permission. I will be informed if my child qualifies according to the State of Ohio criteria for gifted identification as stated in the Wellington Exempted Village Schools Policy and Plan for the Identification of Children Who Are Gifted Brochure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return to Janice Kollar, Gifted Education Coordinator, at Wellington Schools.*

*Date Received: \_\_\_\_\_ (office use only)*