



**Madison-Champaign
Educational Service Center**

Providing outstanding customer-based service

Dr. Daniel Kaffenbarger, Superintendent
Matthew Ketcham, Treasurer

Permission for Assessment

Name: _____

School: _____ Grade: _____

Referred By: _____

Your child has been referred as a potentially gifted child. In order to determine if your child qualifies, according to the State of Ohio Criteria, the following assessments are required:

____ Superior Cognitive Assessments

____ Specific Academic Ability Assessment

____ Superior Cognitive Assessment **and** Specific Academic Ability Assessment

No assessment will be completed without your written permission, and you will be notified of the results after the evaluation is completed. Please read the statements below, complete, and sign the form. Return the form to your child's homeroom teacher or the gifted teacher in your district. If you have questions, please contact me at the phone number or email below.

Sincerely,

Michele Roberts
Supervisor of Gifted Services
(937) 484-1589
roberts@mccesc.k12.oh.us

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I understand that if I grant permission, my child will receive assessments by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel.

____ Permission is given to conduct assessment(s)

____ Permission is denied

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

Return By: _____

***Return form to Gifted Intervention Specialist (If Applicable),
Building Administrator or Michele Roberts***

