Richmond Heights Local Schools

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"It's a New Day for the Richmond Heights Way"

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Permission for Testing/Assessment

To the Parent(s)/Guardians of: ____

School:________________________ Grade:______ Referred by:________________________

A request for gifted identification testing has been made for your child. Testing is required for identification to be possible. The following types of tests may be administered to your child: An ability test, which measures a student's thinking ability in terms of analogies, sequencing, and verbal and nonverbal reasoning; And or an achievement test, which measures a student's knowledge of a specific subject. These tests may be given in an individual or group setting.

No assessment will be done without your permission. Please read the information below and return it to your child's principal as soon as possible. If you have questions, please do not hesitate to contact your child's principal.

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I understand that if I grant permission, my child will receive assessments by designated personnel and that the information obtained may be shared with appropriate school personnel. I will be informed of whether or not my child qualifies for service according to the State of Ohio criteria for Gifted Identification. Testing results will be shared with parents on or before a 30 day period of time.

- **Permission given to conduct testing**
- **Permission is denied**

____ ___________
Student's Name **Grade**

Address____

Phone Number__________________________ Date of Birth__________________

Age of child in Years and Months____
(Example: 7 years and 3 months)

________________________________ ______________________ ___________
Signature **Relationship to Child** **Date**