GI-3
Or
District Form

Norwalk City School District
Permission for Assessment

To the Parents/Guardian of: _____ Date of Birth _____
(child's name)

Address: _____

Parent/Guardian: _____Phone: _____

School: _____Grade: _____ Referred By: _____

Students will be tested by qualified personnel using acceptable testing instruments listed on the Ohio Department of Education Chart of Approved Assessments for the screening and identification of children who are gifted.

Please return this form to your child's School office as soon as possible.

If you have questions, please contact your district Coordinator of Gifted Services:

Susie Capucini
North Point Educational Service Center
4918 Milan Rd.
Sandusky, Ohio 44870
scapucini@npesc.org
419-627-3949

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed by mail or phone as to whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification.

❒ Permission granted to conduct the assessment(s)

❒ Permission is denied to conduct the assessment(s)

_____ _____ _____
Signature Relationship to Child Date

(121817)