



ADA EXEMPTED VILLAGE SCHOOLS

725 W. North Avenue
Ada, Ohio 45810-1013

Permission for Assessment

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

Address: _____

Parent/Guardian: _____ Phone: _____

Grade: _____ Referred By: _____ Date of Birth: _____

Your child has been referred as a potentially gifted child. Assessments are required for identification purposes. No assessment will be done without your written permission. Please read the information below and return it to school as soon as possible. If you have any questions, please contact: Suzanne Hardesty, District Gifted Coordinator at 419-634-2341 x 1032, hardestys@adabulldogs.org.

Re: _____ DoB: _____ Gr: _____
(child's name)

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 of whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification.

- Permission is given to conduct the assessment(s).
- Permission is denied.

Signature

Relationship to child

Date

Please return the bottom portion for Suzanne Hardesty.