



Our Vision: Great Schools! Great Students! Great Future!

Permission for Assessments

- I give permission for my child, _____ to participate in the assessment for the purpose of *possible* gifted identification.
(check desired assessments below)
 - Reading (estimated time 1 ½ to 2 hours)
 - Math (estimated time 1 hour)
 - Science (estimated time 45 min)
 - Social Studies (estimated time 45 min)
 - Cognitive Assessment (estimated time 1 ½ hours)

- I do not give permission for my child, _____, to participate in the assessment for the purpose of *possible* gifted identification.

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 is identified as gifted, according to the State of Ohio criteria, for gifted identification.

Parent/guardian signature _____ date_____

School _____

Homeroom teacher _____

Date of birth _____

Please return to: Paula Zirm, Gifted Supervisor
Tiffin Middle School
103 Shepherd Drive
Tiffin, Ohio 44883

(419) 447-3358 paula_zirm@tiffincityschools.org