

# Aurora City School District

Committed to Excellence

## PERMISSION FOR ASSESSMENT

To the Parents/Guardian of : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ **Aurora, OH 44202**

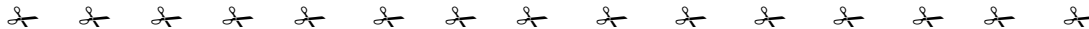
Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_ Referred by:  Parent  Teacher

Your child has been referred as a potentially gifted child. Assessments are required for identification purposes. The following assessments may be administered to your child:

**KBIT II**  
**WOODCOCK JOHNSON III ACHIEVEMENT & ABILITY**  
**COGNITIVE ABILITIES TEST (COGAT)**

No assessment will be done without your written permission. Please read the information below and return it to the school as soon as possible. If you have questions, please contact Heather Keenan at 330-954-2009.



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