

Field Local Schools

Gifted Permission to Test

Mrs. Melissa Reagan, Gifted Intervention Specialist

Brimfield Elementary
4170 State Route 43
Kent, Ohio 44240
(330)673-8581 Ext. 1065

Suffield Elementary
1128 Waterloo Road
Mogadore, Ohio 44240
(330)552-5252 Ext. 2131

To The Parents/Guardians of _____

Date _____

Field Local Schools would like permission to further test your child for potential qualification for gifted services provided by our school district. This testing is needed because:

_____ Your child has at least one recent high test score in math and/or reading on the STAR Assessment.

_____ Your child has a high ability score.

_____ It has been requested or recommended. **(Please circle one, Parent or Teacher)**

With your permission, we will administer an approved test from the Ohio Department of Education. We will share the results with you in a timely manner and will indicate whether or not your child is eligible for gifted services. The results of the test will be used to gain information about your child's ability and/or achievement and the results will be shared with his or her teachers in order to provide information that is valuable in making curricular decisions.

Please contact me if you have any questions or concerns.

Sincerely,

Melissa Reagan

Gifted Intervention Specialist

-----Permission Form-----

Please sign and return this form to Mrs. Melissa Reagan, Gifted Intervention Specialist.

I give permission for my child, _____, to be tested in the area of _____ to determine eligibility for gifted services.

Teacher Name _____

Parent's Signature _____

Date _____

Phone _____

Email _____