

**Marlington Local Schools**  
**Permission to Screen and/or Assess for Gifted Identification**

Name of Child	Birth Date
Address: _____	
Parents/Guardian: _____	Phone: _____
School: _____	Grade: _____

Circle all that apply: My child has glasses, hearing aids, other \_\_\_\_\_

The State of Ohio requires school districts to screen all students for superior abilities in ten areas. Screening is generally done by examining standardized test scores or accepting referrals. Then, additional assessments must be done to determine how we can best meet the needs of the student. Your child's teacher would like to gain more information about his/her ability and achievement.

No assessments can be given without your written permission. Please read the information below and return this form to Pam Kraft at Marlington Special Services Building as soon as possible. You may mail it or give it to a building secretary who will return it through school courier. If you have any questions, you can reach Pam, the gifted coordinator, at [pamela\\_kraft@marlingtonlocal.org](mailto:pamela_kraft@marlingtonlocal.org).

I DO NOT give my permission for the Marlington Local Schools to screen/assess my child for possible Gifted Identification.

I DO give my permission for the Marlington Local Schools to screen/assess my child for possible Gifted Identification.

In giving my permission, I understand that any or all of the following may occur:

- 1) Review of relevant records (releases of information will be included);
- 2) Interviews with myself or caregiver;
- 3) Observation(s) of my child;
- 4) Individual academic, social-emotional, or ability screenings (such as curriculum-based measures, social-emotional checklists, ability screening, or pre-math, pre-writing, or pre-reading screening,) and/or
- 5) Individual standardized assessment (such as academic testing or ability testing)

I understand that the results of all screenings and /or assessments will be shared with me. I further understand and agree that the information collected will also be reviewed by the school district to determine my child's eligibility for Gifted Identification.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date