



Assessment Permission for Gifted/Talented Identification

Assessment Guidelines

Assessments are required for identification purposes. The assessments listed under "Assessment Instruments" may be administered to your child by a school psychologist or by a person trained to administer the assessment(s). No assessment will be administered without your written permission. Please return this signed form to your child's school office or scan and email to: mgrabski@coventryschools.org Questions, please contact: Megan Grabski, 330.644.8489 x626013

Student Information

Name: _____ Grade: _____ Birthdate: _____ Gender: _____
Address: _____ Phone: _____
Parents/Guardians: _____ E-mail: _____
Building of Attendance: _____

Assessment Instruments

- Kaufman Brief Intelligence Test 2nd Ed. (KBIT II)
- Wechsler Intelligence Scale for Children 4th Ed. (WISC- IV)
- Cognitive Abilities Test (CogAT), Form 7
- InView- A Measure of Cognitive Abilities
- Iowa Tests of Basic Skills (ITBS)
- Gifted and Talented Evaluation Scale (GATES)
- Scales for Rating the Behavior Characteristics of Superior Students, 2004 (SRBCSS)

Signatures

I understand my child _____ will be tested by designated school professionals, and the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed as to whether or not my child qualifies, according to the State of Ohio criteria for Gifted Identification.

- Permission is given. Permission is denied.
- Permission is given to communicate assessment results through email provided above.

Parent's/Guardian's Signature: _____ Date: _____