

**Southeastern Local School Gifted Permission for Assessment  
(Please Print)**

Child: \_\_\_\_\_ School : \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referred by \_\_\_\_\_ Email: \_\_\_\_\_

Your child has either been referred or screened as a potentially gifted child. Assessments are required for identification purposes. No assessment will be done without your permission. Please read the information below and return the form to school as soon as possible.

I understand that if I grant permission, my child will receive assessments 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 State of Ohio criteria, for gifted identification.

\_\_\_\_\_  
Signature of person initiating Referral      Position or relationship to Child      Date

Return the completed form to the Tim Bell, Director of Student Services, Southeastern Local Schools

Questions:      Tim Bell, Director of Student Services  
                         (937) 462-8364 x 323  
                         [tbell@sels.us](mailto:tbell@sels.us)

\_\_\_\_\_  
Date Received by district