



Loudonville-Perrysville Exempted Village School District  
**Parent/Guardian Permission for Assessment**



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone \_\_\_\_\_ (E-mail) \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Referred By (if known): \_\_\_\_\_ Area(s): \_\_\_\_\_

Your child has been referred for gifted identification and/or possible academic acceleration: testing is part of the gifted identification/academic acceleration process. No assessment will be done without your written permission. Please read the following information; then sign and return it to the Gifted Office at the address listed below. If you have questions, please contact: Chantele Slover, Gifted Coordinator at (419) 994-2147 or by e-mail: tesc\_cslover@tccsa.net

**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 understand that Loudonville-Perrysville Exempted Village School District follows State of Ohio criteria for gifted identification/academic acceleration and I will be informed of the testing results.**

Permission is given to conduct the assessment(s).

Permission is denied.

\_\_\_\_\_  
 (Parent/Guardian's Signature)

\_\_\_\_\_  
 (Relationship to child)

\_\_\_\_\_  
 (Date)

**Please return to:**  
**Chantele Slover, Gifted Coordinator**  
**Loudonville-Perrysville Exempted Village School District**  
**201 E. Main Street**  
**Loudonville, Ohio 44842**  
**Fax: (419) 994-5528**