



Rootstown Local Schools
Permission to Assess for Gifted Identification

To the Parent/Guardian of: _____ Date of Birth: _____

Address: _____

Parent/Guardian(s): _____ Phone: _____

School: _____ Grade: _____ Referred by: _____

Dear Parent/Guardian,

As per your request, your child will be assessed for advanced potential in his/her academic subjects and superior cognitive ability. The State of Ohio defines gifted students as “students who perform or show potential for performing at remarkably high levels of accomplishment when compared to others of their age, experience, or environment and who are identified under Division (A), (B), (C), or (D) of Section 3324.03 of the Ohio Revised Code.” Divisions (A)-(D) of the Ohio Revised Code outline the different areas in which a student can be identified as gifted—superior cognitive ability, specific academic ability (math, science, reading/writing, and social studies), creative thinking ability, and visual-performing arts ability—and appropriate testing measures and scores for gifted identification.

The Rootstown Local Schools typically uses one or more of the following testing instruments:

- Cognitive Abilities Test, Form 7 (CogAT)
- Woodcock-Johnson Tests of Cognitive Abilities, Fourth Edition (WJ-IV)
- Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)
- InView Cognitive Abilities Assessment
- Iowa Assessment, Form E
- Woodcock-Johnson Tests of Achievement, Fourth Edition (WJ-IV)
- Stanford Achievement Test, 10th Edition (SAT-10)
- Scales for Rating the Behavioral Characteristics of Superior Students (SRBCSS) for Creative Thinking
- Gifted Rating Scales (GRS)

No assessment will be done without your written permission. **Please read and complete the information below and return the entire form to the address at the bottom of this page as soon as possible.** If you have questions, please contact me at the contact information at the bottom of this page.

Thank you,
Jean Pauna
Gifted Services Coordinator, Rootstown Local Schools

-- DO NOT CUT -- PLEASE RETURN ENTIRE FORM --

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 understand that I will be informed of whether or not my child has been identified as gifted and whether or not my child qualifies for gifted services, according to the State of Ohio criteria for gifted identification.

- Permission is given to conduct the assessment(s). Child's Name _____
- Permission is denied.

Signature: _____ Relationship to Child: _____ Date: _____

Please submit all requests for gifted testing to:
Rootstown Local Schools
Robert Campbell
Director of Teaching and Learning
4140 State Route 44, Rootstown, OH 44272

Send questions about gifted services to Jean Pauna at 330-945-5600 or
Email: jeanp@summitesc.org with "Rootstown Gifted Question" in subject line