



Troy City Schools

Office of Gifted Services
Mandy Peck
Gifted Coordinator

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Permission for Assessment

Student Name: _____ Date of Birth: ____/____/____

School _____ Grade _____ Teacher _____

Address: _____ Phone(s): _____

Parent/Guardian: _____ Email _____

Referred By: _____

Your child has been nominated as a potentially gifted child. Assessments are required for identification purposes and written permission from parents/guardian is necessary. All assessments are given in your child's home school during the school day. **Please complete the information below and return as soon as possible.**

I grant permission for my child, _____, to be assessed 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 is identified as gifted according to the State of Ohio criteria.

Signature

Relationship to Child

Date

Please complete and return to the homeroom teacher.