



Permission to Test – Visual Arts

To the Parents/Guardians of: _____ (student's name)

School: _____ Grade: _____ Referred By: _____ (art teacher)

Your child has been referred by the art teacher as a potentially gifted child in the visual arts area. A screening and assessment process is required for identification purposes. No screening or assessment will be done without your written permission.

If you have questions, please contact one of the Gifted Supervisors at 440-324-5777: Mary Lou Kaminski, ext. 1135, kaminski@esclc.org or Cathy Fischer, ext. 1158, fischer@esclc.org.

*Please read the information below and return this completed Permission to Test Form to the art teacher **by Friday, March 13, 2015.***

I understand that if I grant permission, my child will receive assessment(s) by designated school/community personnel and that the information may be shared with teachers, principals, and other appropriate staff members. I also understand that my child must submit an art portfolio with 5 pieces for art identification. I will be informed of whether or not my child qualifies for gifted identification, according to the State of Ohio criteria.

- Permission is given to conduct the testing (both screening and assessment)
- Permission is denied

Student Name	Date of Birth	Grade
Student Street Address	City	Zip
School Name	Art Teacher	
Parent/Guardian Name	Relationship to Child	
Parent/Guardian Signature	Date	