

Consent / Decline Form for Evaluation

Dear Parent / Guardian:

In order to assist in the possible placement of your child for gifted services or to accelerate to a higher instructional level, an evaluation is necessary. If you give permission for your student to be evaluated for this purpose, please complete this form and return it to Lori Ebert at either Green Local Schools' office.

I give my permission for _____ to receive an evaluation by designated personnel. I understand that the information may be shared by teachers, principals, and other appropriate school personnel.

I do NOT give my permission for _____ to receive an evaluation. I understand that this will eliminate my child from consideration for this placement.

Printed name of parent / legal guardian: _____

E-mail address: _____

Signature of parent / legal guardian: _____

Relationship to child: _____ Date: _____

If you have any questions, please contact Lori Ebert at gren_ebert@tccsa.net or 330-669-3165 .

Sincerely,

Lori Ebert

Gifted Program Coordinator

Green Local Schools