

**NOBLE LOCAL SCHOOL DISTRICT  
ASSESSMENT PERMISSION FOR ACCELERATION**

To the Parent/Guardian of \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

School/Grade \_\_\_\_\_ Referred by \_\_\_\_\_

Your child has been referred for possible acceleration:

\_\_\_\_ Early Entrance to Kindergarten      \_\_\_\_ Subject Acceleration  
\_\_\_\_ Whole Grade Acceleration      \_\_\_\_ Early Graduation

The following assessment(s) may be administered to your child:

\_\_\_\_ Kindergarten screening  
    \_\_\_\_ Wechsler Preschool and Primary Scale of Intelligence, 3<sup>rd</sup> Ed.  
    \_\_\_\_ Stanford-Binet, 5<sup>th</sup> Ed. Intelligence Tests

\_\_\_\_ Specific Academic: (reading, writing, math, science, social studies)  
    \_\_\_\_ Iowa Test of Basic Skills Form A  
    \_\_\_\_ Wechsler Individual Achievement Test, 3<sup>rd</sup> Ed.  
    \_\_\_\_ Woodcock Johnson III NU Tests of Achievement

\_\_\_\_ Superior Cognitive:  
    \_\_\_\_ Stanford-Binet 5<sup>th</sup> Ed. Intelligence Tests  
    \_\_\_\_ Wechsler Intelligence Scale for Children, 4<sup>th</sup> Ed.

No assessment will be done without your written permission. Please read the information below, mark appropriately and sign, and return to the office at your child's school.

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I understand that if I grant permission, my child will receive the appropriate assessment(s) by the designated school personnel and that the information may be shared with the principal, guidance counselor, teachers and other school personnel. I will be informed of whether or not my child qualifies, according to the State of Ohio criteria and district guidelines for acceleration.

\_\_\_\_ Permission is given to conduct the assessment(s).  
\_\_\_\_ Permission is denied.

Child's Name \_\_\_\_\_ School/grade \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_

Date \_\_\_\_\_