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, 3rd Ed.
____ Stanford-Binet, 5th Ed. Intelligence Tests

_____ Specific Academic: (reading, writing, math, science, social studies)
____ Iowa Test of Basic Skills Form A
____ Wechsler Individual Achievement Test, 3rd Ed.
____ Woodcock Johnson III NU Tests of Achievement

_____ Superior Cognitive:
____ Stanford-Binet 5th Ed. Intelligence Tests
____ Wechsler Intelligence Scale for Children, 4th 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.

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 __________