



Gifted and Talented Education

348 South Cassingham Road • Bexley, Ohio 43209

Phone: 614-231-7611 • Fax: 614-231-8448

AUTHORIZATION FOR STUDENT ASSESSMENT

STUDENT'S NAME: _____

SCHOOL: _____ GRADE: _____

I hereby authorize the professional staff of the Bexley City School District to administer either group or individual assessments to my child as needed for gifted education screening/identification considerations. I understand that I will be notified of the results within thirty days of the assessment

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PARENT/GUARDIAN SIGNATURE

DATE

Please return to the appropriate building Gifted Intervention Specialist, or send to:

*Gifted and Talented Education (GATE)
Bexley City Schools
348 South Cassingham Road
Bexley, OH 43209*