



## Gifted and Talented Education

348 South Cassingham Road • Bexley, Ohio 43209

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

### REQUEST FOR TESTING AND AUTHORIZATION FOR ASSESSMENT

STUDENT'S NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

PARENT/GUARDIAN PHONE/EMAIL: \_\_\_\_\_

#### PLEASE INDICATE THE SERVICE(S) FOR WHICH YOU REQUEST TESTING:

GATE LA:

May require an approved test of cognitive ability and/or an approved test of Reading/Language achievement.

*\*Please use the back of this form to provide any additional information regarding this request.*

### AUTHORIZATION FOR ASSESSMENT

I hereby authorize the GATE (Gifted and Talented Education) staff of the Bexley City School District to administer assessments (as indicated above) to my child as needed for educational planning.

\_\_\_\_\_  
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*