



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:

- Grade-level Acceleration in Mathematics:**
Requires Everyday Math Above-Grade Assessment. May also require an approved test of Mathematics 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*