



**APPLICATION FOR
GIFTED TESTING KINDERGARTEN/1st Grade**

Please complete this application and send it to the email below.

Student's Name_____

Student's Birthday_____/_____/_____
Month Day Year

Student's School_____

Parent/Guardian Name_____

Home Address_____

Cell Phone Number_____

Email Address_____

Office use only:

Students' iReady scores:

Reading_____%

Math_____%

Please email this completed document to: Kerry.Ivkovic@clevelandmetroschools.org



**Office of Gifted
Kerry Ivkovic, Director Gifted K-12
Evaluation and Review Permission Form**

Child's Name _____

Date of Birth _____

Address _____

Parent/Guardian _____

Email _____

Cell Phone _____

Chief Executive Officer

Dr. Warren G. Morgan II

Board of Education

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Michael A. Baston, Ed.D., J.D.

Laura Bloomberg, Ph.D.

In giving permission, I understand that any or all of the following may occur in accordance with the Ohio Department of Education Model Policy for Academic Acceleration:

- Administration of Assessments (e.g. cognitive, achievement, aptitude, and any other appropriate measures to determine appropriate placement).
- Review of relevant records.
- Observation(s) of my child.
- Interview with caregiver and/or parent/guardian.
- Acceleration Team Evaluation meeting.

No assessment, evaluation review will be done without your written permission.

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that their information may be shared, as required, with teacher, principals, and other appropriate school personnel.

Permission is given to conduct the evaluation and review.

Permission is denied.

Parent/Guardian Signature _____