Mount Vernon City Schools



Board of Education 300 Newark Road Mount Vernon, OH 43050

William Seder Jr., Superintendent Gary Hankins, Treasurer Phone: (740)397-7422 Fax: (740)393-5949 Web Site: www.mvcsd.us

Area/s to Be Tested (Indicate Below All That Apply):	Referral Form/Permission	For Assessment	Data wasaiyada
Superior Cognitive Reading Math Other			Date received:
To the Parent(s) Guardian(s) of:		Date of F	Birth
Address:			
City:	State	Zip	
Phone(s)		_	_
School:	Grade	Referre	d By:
Your child has been/is being referred or more of the following assessments			ed for gifted identification. One
a)Woodcock Johnson Achievement Te b)Inview Cognitive Abilities Assessme c)Woodcock Johnson IV test of Cogni d)Wechsler Intelligence Scale for Chil	ent tive Abilities and/or		
No Assessment will be done witho Please complete this form and retu If you have questions, please conta	urn it to school as soon as po	ossible.	
Matthew Dill,Ed.D, MBA – Phone	e: 740-397-7422 ext .6036 E1	nail: <u>mdill@mvcsd</u>	<u>l.us</u>
I understand that if I grant permi personnel, and that information n personnel. I will be informed of w gifted identification. Please check Permission is giv	nay be shared with teachers, whether or not my child qual	principals, and otl ifies (according to	her appropriate school
*Please return this form to: Mattl secretary who will place it in the appr	new Dill, Gifted Coordinator	·(This form may be	returned to your child's school
v r	. ,		
Parent Signature	Relationship	to Child	Date
Principal Signature	Date		

Note: A parent may request assessment through any written means to the building administrator or by email to: mdill@mvcsd.us