



(Student name) / (ID#) / (Birth date: Month/Day/Year)

(Homeroom Teacher) / (School) / (Current Grade in School)

Your child has been recommended for or you have requested testing for possible gifted identification.

This assessment has three test batteries: Verbal (reading), Quantitative (math), Nonverbal (spatial). No special preparation or study is needed. Just ensure that your child gets adequate sleep, has a healthy breakfast and a relaxed attitude toward the testing process. Please note that high grades in classes and/or high scores on standardized achievement tests are not necessarily indicators that a student is gifted. Further evaluation is necessary for accurate identification.

_____ I wish to have my child tested.

_____ I do not wish to have my child tested.

(Parent/guardian signature)

(Date)

(Student full name - please print)

(email)

(Address)

(Phone)

(City/State/ZIP)

Has your child previously been identified as gifted in math _____ or reading _____ on the CogAT or a similar test?

*****Please note guidelines for administering the gifted identification test necessitate that students are ineligible to attempt a retest within the same 12 month period. Retesting students within the same 12 months will disqualify testing results (example: a student who tested in the spring is not eligible to test in the fall).***