

Permission to Test for Gifted Services

Date: _____

To the Parent/Guardian of _____,

Your child has been referred for further assessment for gifted identification purposes. At Williamsburg Independent School District, we administer the CogAT/Iowa to help us determine whether your child should be receiving specialized services for the gifted and talented. This identification follows state and federal guidelines.

Parents will be notified by letter of the test results within 30 school days of the test. You may request further explanation of the test results from the Gifted and Talented Coordinator.

Your permission is required to test your child for gifted identification. Please indicate your preference below and return it to the classroom teacher as soon as possible.

Sincerely,

Gifted Coordinator

Williamsburg Independent School District

Student's name: _____

Grade: _____

I give permission for my student to be tested for the Gifted Program

I do not give permission for my student to be tested for the Gifted Program

(Signature of Parent/Guardian)

(Date)