



6000 S. 7th Street
Phoenix, AZ 85042

T: 602.243.4800
F: 602.243.2637

Gifted Education

Permission to Test for Gifted Services

Date:

To the Parents/Guardians of _____,

Your child has been referred for further assessment for gifted identification purposes. At Roosevelt Elementary School District, we administer the CogAT to help us determine whether your child should be receiving specialized services for the gifted and talented. This identification procedure is in compliance with state and federal guidelines.

Parents will be notified of the test results by letter within 30 school days of the test date. You may request further explanation of the test results from the campus gifted 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
Roosevelt School District
rsd66.org

Student's Name: _____ Birthdate: _____

Homeroom: _____ 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)

Please return to the classroom teacher.