



Gifted Education Program

'23-'24 *Permission to Test Form - Parent/Guardian*

Student Name:	School:	Grade:	Gender:
Homeroom Teacher:	Parent/Guardian Email:		
Ethnicity (optional):	Birthdate:		

Your child has been recommended for possible participation in the Gifted Education Program. Please sign below if you would like your child to be evaluated and return it to your child's homeroom teacher. Results of the assessment, as well as eligibility status, will be sent home to you in a letter at the end of the testing window.

My child, _____ has permission to take the Cognitive Abilities Test (CogAT), to determine qualification for the Gifted Education Program. If my child qualifies for the program, the Laveen School District has permission to service my child in the Gifted Education Program.

Parent/Guardian Signature: _____ Date: _____

Gifted Referral Process

Step 1: Parent/guardian or teacher requests a student to be tested for Gifted education services.

Step 2: The homeroom teacher confirms if the student tested in the previous school year. *If the student did test last year, he/she must meet the requirements specified to retest this school year. (At least one score in the 85th percentile or above (K-5) or in the 90th percentile or above (6th-8th)).*

Step 3: If the student did not test last year, it has been more than one school year since testing, or the student meets the requirement stated above, the parent/guardian signs the consent form above.

Step 4: Parent returns consent to homeroom teacher to complete staff referral.

Step 5: Homeroom teacher submits both completed forms to the Gifted Instructional Coach.

Step 6: The student will then receive a letter with a test date and test information.