



Tuba City Unified School District No. 15

Tuba City Unified School District
PO Box 67
Tuba City, AZ 86045
(928) 283-1076

Permission to Test for Gifted Services

To the Parents/Guardians of _____,

Your child has been referred for further assessment for gifted identification purposes. At Tuba City Unified School District, we administer the CogAT or the NNAT3 to help us determine whether your child should be receiving specialized services for the gifted education program. 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.

Sincerely,

Tami Dugi

Gifted Program Coordinator/Teacher

928.283.1021 | tdugi@tcusd.org

Student's Name: _____ Birthday: _____

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 the completed form to the gifted coordinator.