



TUBA CITY UNIFIED SCHOOL DISTRICT

P.O Box 67, Tuba City AZ 86045 | (928)283-1027/1006 Phone | (928)283-1200 Fax

www.tcusd.org

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 follows state guidelines.

If your child qualifies for the program, 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 Gifted Program Coordinator.

Your permission is required to test your child for gifted identification. Please indicate your preference below.

Student's Name: _____ Date of Birth: _____

Homeroom Teacher: _____ Grade: _____

_____ I give permission for my child to be tested for the Gifted Education Program

_____ I do not give permission for my child to be tested for the Gifted Education Program

(Signature of Parent/Guardian) (Date)

Sincerely,



Dr. Marisa Soto-Harrison
Gifted Program Coordinator/Teacher

Please return the completed form to your homeroom teacher.