



Date: _____

To the Parent(s)/Guardian(s) of: _____

Re: Consent for Screening with the Cognitive Abilities Test (CogAT) **Form 7**

As part of our screening process for gifted education and to determine your child's needs, we would like to administer the Cognitive Abilities Test (CogAT). The CogAT assesses the pattern and level of student's cognitive development in the areas of: verbal, quantitative, and non-verbal reasoning skills. This assessment may be administered individually or in a group setting. The gifted education teacher will administer the test during the regular school day. The CogAT is usually given in three sessions that last 30-45 minutes.

Results will be used, along with other relevant information, to determine if there is a need for further assessment. If you give consent for this screening, please sign, date, and return this form to me.

Signature

Date

Please contact me if you have any questions.

name

phone number/email