



Engage, Equip, Empower

Submit completed form to principal.

- By October 31 for testing by Nov/Dec
- By March 31 for testing by May

Authorization to Assess

Student _____ FIRST NAME LAST NAME	Date submitted _____
Grade _____ School _____	Birthdate _____
Parent/guardian _____ FIRST NAME LAST NAME	
Parent/guardian phone _____	email _____

District assessments that may be administered:

Cognitive Abilities Test (CogAT)

Naglieri Nonverbal Abilities Test (NNAT 3)

Iowa Assessments

Terra Nova (3rd Ed.)

InView Cognitive Abilities Assessment

Wechsler (WISC-V)

Stanford 10

Woodcock Johnson IV (WJ-IV)

I authorize trained district staff to administer assessments for the following:

- Gifted identification
- Acceleration consideration
- Educational placement
- Other _____

PARENT/GUARDIAN SIGNATURE

DATE

For Principal Use Only

Principal (initials/sig.) _____ Date authorization received _____

- Place form in student's Cumulative File
- Provide copy to the Director of Personalized Learning