

Submit completed form to principal.

- By October 31 for testing by December
- By March 31 for testing by May

Authorization to Assess

Chicalana	Data submitted
StudentFIRST NAME	Date submitted LAST NAME
Grade School	
Parent/guardian	
FIRST NAME	LAST NAME
Parent/guardian phone	email
District assessments that may be administ	ered:
Cognitive Abilities Test (CogAT)	InView Cognitive Abilities Assessment
Naglieri Nonverbal Abilities Test (NNAT 3)	Wechsler (WISC-V)
Iowa Assessments	Stanford 10
Terra Nova (3 rd Ed.)	Woodcock Johnson IV (WJ-IV)
I authorize trained district staff to adminis	ter assessments for the following:
Gifted identification	
Acceleration consideration	
Educational placement	
Other	
PARENT/GUARDIAN	SIGNATURE DATE
<u>F</u>	or Principal Use Only
Principal (initials/sig.)	Date authorization received
 Place form in student's Cumulative File 	

• Provide copy to the district administrator who oversees gifted education