



Advanced Academics Permission to Test

Excellence Through Integrity and Innovation

Student Name: _____ ID# _____, Date of Birth _____

In order to determine placement in Canutillo Independent School District's Advanced Academics Gifted and Talented Program, your son/daughter will need to be assessed using the NNAT2 (nonverbal intelligence test).

In order to administer these tests, we need your permission. Please indicate if you give Canutillo Independent School District permission to test your son/daughter.

_____ Yes, I give my permission for assessment.

The language I would prefer my child to test in it: _____English _____Spanish

_____ No, I do not give my permission for assessment.

If you grant Canutillo Independent School District permission to administer the exams, you must ensure that your son/daughter gets a good nights sleep, is physically and mentally prepared, knows that he/she should ask questions of the test administrator if something is not clear, and understands the importance of doing his/her best on the tests.

(Current School)

(Current Teacher)

(Current Grade)

(Parent/Guardian's Printed Name)

(Date)

(Parent/Guardian' Signature)

(Date)

(Home Address) (Zip Code)

(Telephone Number)



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