

Dear Parent,

Your child, _____, has been identified as a student who may qualify and benefit from additional services as part of our district gifted and talented education program. Determination of his/her qualification is based on a combination of parent referral, teacher referral, MAP test scores, MCA test scores, examples of student work, and results of the CoGAT test. If you would like your son/daughter to be considered for this service, we would need parent permission to administer the Cognitive Abilities Test (CoGAT). This is not an IQ test but is used to assess students' abilities in reasoning and problem solving using verbal, quantitative, and nonverbal (spatial) symbols. In addition, I have included a parent referral form if I do not have one in my records. If you have previously filled one out and returned it to a teacher, it is possible it has not reached my desk at this point. Once we receive permission to test your student, the test will be administered and scored. At that time the district will look at all available data and make a determination of the student's qualifications for programming. We will get in touch with you regarding qualification, services available, and recommendations. Permission forms and parent referrals can be returned to your child's school who would forward them to me through school mail. They could also be sent directly to me at the following address:

Jen Sjodin-ISD #318 Gifted Education Coordinator
820 NW 1st Avenue
Grand Rapids, MN 55744

If you have questions, feel free to contact me at 218-327-5700 x41822 or jsjodin@isd318.org.

Sincerely,

Jen Sjodin
ISD #318 Gifted and Talented Education Coordinator

I, _____, parent/guardian of _____
give my permission to ISD #318 to administer the CoGAT Form 6 test to my
son/daughter for the purpose of helping to determine eligibility in the district Gifted and
Talented Education program.

Signature

If you have one available, please leave me your email address for correspondence.
