As the parent/guardian of the student below, I **DO NOT** want my child to participate in the upcoming CogAT 7 screener testing. I understand that this assessment is a part of the required criteria used to determine qualification for highly capable services in first grade. I understand that my child will be assigned a different task while the other students complete the test.

Student’s Name

Homeroom Teacher

Student’s ID #      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian’s Name

(Please Print) (First) (Last)

School

Student’s Grade Level

School Year

Signature of Parent/Guardian:

Date Signed:

School Representative:

Please return to the main office at your child’s school no later than **January 30, 2019**.

*(Retain a copy of this form in the student’s cumulative file and forward a copy to Student Services)*