

Assessment Excusal Form 2017-18

This form will serve as evidence of your wish to excuse your child from taking the Cognitive Abilities Test (CogAT). **Please submit one form per student.**

Student First Name:	Student Middle Initial:	Student Last Name:
Date of Birth:	Current School:	Grade:

Parent/Guardian First Name:	Parent/Guardian Last Name:
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1. Parent Acknowledgement

- I understand my child will be given an alternate activity to work on outside of the classroom during the administration of the assessment.

2. Make Your Selection

CogAT:

- 03
- 05
- 06

3. Parent/Guardian Signature

I have communicated with an administrator or gifted education facilitator at my child's school and understand the implications of my decision to excuse my child from taking the Cognitive Abilities Test (CogAT). My signature serves as evidence of me excusing my child from this assessment.

Signature: _____ Date: _____

Administrative Notes (School Officials Only)

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