

**PRINCE WILLIAM COUNTY PUBLIC SCHOOLS
GIFTED EDUCATION PROGRAM**

**REQUEST FOR PERMISSION FOR GROUP APTITUDE TESTING
COGNITIVE ABILITIES TEST AND NAGLIERI NONVERBAL ABILITY TEST**

Student Name _____ Date of Birth _____

Name of School _____ Student Graduation Year _____

Permission is requested for your child to be given two group aptitude tests, the Cognitive Abilities Test and the Naglieri Nonverbal Ability Test. This group aptitude testing will be a part of the total identification and placement process for the Prince William County Gifted Education Program.

Resource Teacher

Date

I GIVE PERMISSION for my child _____
to be given both the Cognitive Abilities Test and Naglieri Nonverbal Ability Test. I understand I will be informed of the results of these tests. I understand that no change will be made in my child's educational program as a result of this testing without my knowledge.

Signature of Parent or Guardian _____ Date _____

Street Address of Parent _____

(City) (State) (Zip)

Home Telephone _____ Home E-Mail _____

Mother's Work Phone _____ Mother's E-Mail _____

Father's Work Phone _____ Father's E-Mail _____

I **DO NOT** GIVE PERMISSION for my child _____
to be given the Cognitive Abilities Test and the Naglieri Nonverbal Ability Test. I understand that I have the right to refuse to give permission for this testing.

Signature of Parent or Guardian _____ Date _____

Street Address _____

(City) (State) (Zip)