

PROGRAMMING FOR ACADEMIC CHALLENGE
Hi Plains School District R-23 Gifted Education Services

Dear Parent or Guardian,

Your child has demonstrated knowledge, skills, or levels of understanding in the classroom that suggest he or she might benefit from additional, more challenging learning opportunities in one or more subject areas. This letter is to inform you of additional testing that we will be completing to determine his/her learning strengths and potential. These assessments may include group ability tests or achievement tests.

We will continue to collect information about your child's performance and skills as he/she progresses through school. If at some point the information we collect indicates that your child qualifies for district gifted/talented programming, we will notify you and provide information about the advanced learning opportunities that we offer here at school. All test information will be kept confidential.

If you do not want your child to be tested, please sign below and return this letter to your child's classroom teacher or the school office by _____. If you have any questions, please contact your school principal or the Gifted Education office.

Thank you for your assistance.

District Assessment Coordinator

Dorothy M. Leoffler
Gifted Education Coordinator
Hi Plains School District R-23
970 664-2636

TESTING FOR PLACEMENT IN DISTRICT GIFTED/TALENTED PROGRAMS
(Return this form only if you do NOT want your child tested).

___ (Parent Only) I do **not** give permission for my child to take one or more group cognitive tests to determine his/her levels of ability and performance for gifted education eligibility.

Parent Signature

Date