

PINELLAS COUNTY SCHOOLS
GIFTED SCREENING PARENT NOTIFICATION

Date

Dear Parent/Guardian of _____.

A request has been made by your child's classroom teacher or by you, the parent/guardian, for your child to be considered as a possible candidate for gifted eligibility. The first step is to screen your child using the *Kaufman Brief Intelligence Test-Second Edition (K-BIT 2)*, the *Naglieri Nonverbal Ability Test - Third Edition (NNAT3)*, or the *Cognitive Abilities Test (CogAT)*. Following the screening you will be informed in writing of the results. Students who score within the recommended range on the screening will be referred for further evaluation. This evaluation which will include an individually administered test of intelligence is necessary to determine if your child meets Florida requirements for gifted eligibility.

The purpose of this letter is to inform you that the CogAT, *K-BIT 2* or *NNAT3* is going to be administered to your child. If you do not want your child to be screened, please notify me immediately in writing.

Should you have any questions about the screening or evaluation process, please contact me by phone at

_____ or by email at _____.

Sincerely,

Title

School