## Testing Opt-Out Form

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>School</th>
</tr>
</thead>
</table>

I/We do not want our child ________________, to participate in the upcoming,

(Check all that apply) testing:

- CogAT Screener
- Iowa Achievement Test
- CogAT Cognitive Test
- Torrance Test of Creative Thinking

I understand that these assessments are a part of the required criteria used to determine eligibility for the Highly Capable Program and services in PEP, SAGE or MERLIN.

Reason: ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Parent/Guardian ___________________ Date __________

Revised 8/5/2019