



Dear Parents/Guardians:

In order to meet the legal requirements for identifying and serving students eligible for gifted education, Agua Fria Union High School District schools evaluates students using the Cognitive Abilities Test (CogAT). Those students who meet the state-mandated criteria will be offered services for Gifted and Talented Students. Please note that high grades in classes and/or high scores on standardized tests are not necessarily indicators that a student is gifted.

The CogAT measures developed abilities in three domains, Language (Verbal), Math (Quantitative) and Nonverbal Reasoning. Because these abilities are closely related to an individual's success in school in virtually all subjects, test results may be used in planning effective instructional planning.

The NNAT provides a nonverbal, culturally neutral assessment of general ability that is ideal for use with a diverse student population. The test features pictorial direction and requires no spoken or written language. With either test, no special preparation or study is needed. Just ensure that your student gets adequate sleep, eats a healthy breakfast and has a relaxed attitude towards testing.

Please indicate if you would like to have your student evaluated by completing the bottom portion of this letter. No student will be evaluated without written parental permission. Please note: students are only eligible for CogAT or NNAT testing once within a calendar year. Scores are invalid if the student is tested more than once in the calendar year.

Results of your student's testing will be mailed to your home address within 30 business days of testing.

Sincerely,

Robert Schlosser

AFUHSD Gifted and Talented Coordinator

rschlosser@aguafria.org

623.932.7200 x 2133

***Makeup testing will have to be arranged with the Gifted Site Coordinator, Ms. Johnson (AFHS), Mr. Bleckner (DEHS), Mr. Haak (VHS), or Mr. Schlosser (CVHS and MHS)**



All Information Must Be Completed And Returned To Arrange For Gifted Testing

Student's Name: _____ Date of Birth: _____

Student ID#: _____

Address:

Street	City	State	Zip Code
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Home Phone: _____ Cell Phone: _____

Parent e-mail address: _____

School your student currently attends: _____

_____ I would like my child tested with the CogAT test.

_____ I would like my child tested with the NNAT test.

Parent /Guardian Signature _____ Date: _____

Student Schedule:

Period 1 Teacher: _____

Period 2 Teacher: _____

Period 3 Teacher: _____

Period 4 Teacher: _____

Period 5 Teacher: _____

Period 6 Teacher: _____

Advisory Teacher: _____

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