

Litchfield Elementary School District #79

Date:	
To the Parents/Guardians of	,
for further assessment of his/her problem solving a Cognitive Abilities Test (CogAT) to help us determin	•
Administering the test necessitates your child be ta approximately 50 minutes for each of the three ses Nonverbal. Parents will be informed by letter of the may request further explanation of the test results f	sions; Verbal Reasoning, Quantitative, and test results within 30 school days of the test. You
With your permission, we would like to assess your your preference below and return it to his/her teach assessed within two years prior to the testing date,	•
Sincerely,	
Student's Name:	Birthday:
Homeroom:	Grade:
I give permission for my student to be tested	for gifted identification.
I do not give permission for my student to be	tested for gifted identification.
(Signature of Parent/Guardian)	(Date)
Please return to your school's Gifted Coordinator.	

District Administration 272 E. Sagebrush St. Litchfield Park, AZ 85340 (623) 535-6000

Scott L. Libby 18701 W. Thomas Rd. (623) 535-6200

Verrado Middle 20880 W. Main Street (623) 547-1300

Western Sky 4095 N. 144th Ave. (623) 535-6300

White Tanks 18825 W. Thomas Rd. (623) 547-1585

Wigwam Creek 4510 N. 127th Ave. (623) 547-1100

Verrado Elementary 20873 W. Sunrise Ln. (623) 547-1600

L. Thomas Heck 12448 W. Bethany Home Rd. (623) 547-1700

Verrado Heritage 20895 W. Hamilton St. (623) 547-3300

Barbara B. Robey 5340 N. Wigwam Creek Blvd. (623) 547-1400

Rancho Santa Fe 2150 Rancho Santa Fe Blvd. (623) 535-6500

Belen Soto 18601 W. Campbell Ave. (623) 547-3400

Dreaming Summit 13335 W. Missouri (623) 547-1200

Corte Sierra 3300 N. Santa Fe Trail (623) 547-1000

Litchfield 255 E. Wigwam Blvd. (623) 535-6100

Mabel Padgett 15340 W. Turney (623) 547-3200

Palm Valley 2801 N. 135th Ave. (623) 535-6400