



**Parent Permission
Naglieri Non-Verbal Test**

I am the parent / guardian of (name) _____ and grant permission for (name) _____ to be tested for possible placement in our school's GATE (Gifted and Talented) Program. I understand that my child will be taking the NNAT (Naglieri Non-Verbal Test) which measures cognitive abilities. It is also my understanding that other pathways exists for my child to be determined eligible for GATE placement.

A recommendation for NNAT Testing does not guarantee automatic GATE placement. Parent/guardians will received test score reports from the school site GATE Liaison.

Testing day and time: _____

Room: _____

_____ *I would like my child to attend the testing session.*

Print Name of Parent/Guardian Date

Signature of Parent/Guardian Date