



Private Testing Prior Notification Form

This form should be used by parents/guardians of currently enrolled Guilford County Schools students seeking private testing to assist in determining their child's AG eligibility. The parent/guardian is responsible for the full cost of the private testing. Data received from a private test administration will only be reviewed during the approved AG testing windows:

- **BOY Window:** Day 1 – 30 of school year
- **Initial Screening Window:** Receipt of CogAT scores – January 31
- **EOY Screening (for VS determination only):** Start of EOG testing – June 30

For EOY: If private test results are needed for invitation to Summer Testing, then the results must be submitted by June 12.

STUDENT INFORMATION:

Student Name: _____ PowerSchool ID #: _____
 Date of Birth: _____ Grade: _____ School: _____
 Parent/Guardian Name(s): _____ Telephone: _____
 Email: _____
 Street Address: _____ City: _____ Zip: _____

TEST PLAN:

Please indicate the type of test that is being sought through private contract with a licensed psychologist:

- IQ/Aptitude Achievement
- _____ Reading Comprehension
 _____ Math Reasoning/Problem Solving
 _____ Science
 _____ Social Studies

Please indicate the test appointment information:

If there is a change to the private psychologist or date reserved for testing; the parent is expected to update TAG Chairperson so that the change may be noted on this form.

Psychologist Name: _____ Date of Testing: _____
 Parent/Guardian Name (Print) _____
 Parent/Guardian Signature: _____ Date: _____

<p>TAG Chair USE ONLY: Receipt of Private Testing Prior Notification Date: _____</p> <p>I have verified that the student is eligible for private testing according the guidelines specified in the AIG Plan. The student has scored at or above the 70th percentile on a corresponding assessment that was administered by school staff.</p> <p>TAG Chair Name (Print): _____</p> <p>TAG Chair Signature: _____</p>
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Copy To: Parent/Guardian
 Student's AG Folder

