

Date: _____

Re: PERMISSION TO TEST FOR ACCELERATION

Student: _____

School: _____

Grade: _____

Dear Parent or Guardian:

You have requested that your child be considered for acceleration into the next grade level. As part of the acceleration process, your child will need to be administered a series of evaluations that include IQ and achievement testing.

Please complete the enclosed Permission to Test form and return it to me. If you have any questions, please contact me at _____, or my e-mail address is _____.

Sincerely,

School Counselor