



****Enter Date****

To the Parent or Guardian of: _____

The mission of Fountain-Fort Carson School District 8 is to ensure that each student receives an optimum educational experience. Our district recognizes the need to identify students who demonstrate a potential for exceptional performance. Based on assessment data and/or classroom teacher observations, our educational team would like to request permission to administer the Torrance Tests of Creative Thinking, Figural (Figural TTCT). This assessment would provide us with essential information to better meet the educational needs of your student, and it will give us information on how your student thinks. Our teachers will use this information to challenge your student academically.

The assessment will be given individually or in a small group to your student and will take approximately 1 hour. There is nothing the student must do to prepare for this assessment. The test administrator will work with your student's classroom teacher(s) to ensure he or she will not miss critical class time. Upon completion of the assessment, results will be shared with you and your student's teacher(s). We believe this information will be very helpful in meeting your student's academic needs.

If you have any questions about this assessment, please do not hesitate to call. Please complete the attached form and return to the school office.

Sincerely,



Student's name: _____

Parent or Guardian's name: _____

Date: _____

My student, _____, has permission to be given the Torrance Tests of Creative Thinking, Figural (Figural TTCT) for the purpose of identifying creative strengths.

Parent/Guardian signature