10665 Jimmy Camp Rd, Fountain, CO 80817
719-382-1300 • www.ffc8.org

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 TOMAGS-2 (*Test of Mathematical Abilities for Gifted Students, 2nd Edition*). This assessment would provide us with essential information to better meet the educational needs of your student. This assessment will give us information on your student's mathematical reasoning and problem-solving skills. Our teachers will use this information to challenge your student academically.

The assessment will be given individually or in a small-group setting to your student and will take approximately 30 to 60 minutes. There is nothing the student must do to prepare for this assessment. The test administrator will work with your student's classroom teacher to ensure your student will not miss critical class time. Upon completion of the assessment, results will be shared with you and your student's teacher. 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,

10665 Jimmy Camp Rd, Fountain, CO 80817
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Student's name: _____

Parent or Guardian's name: _____

Date: _____

My student, _____, has permission to be given the *Test of Mathematical Abilities for Gifted Students, 2nd Edition* for the purpose of identifying mathematical strengths.

_____
Parent/Guardian signature