



Private Testing Prior Notification Form

This form should be used by parents/guardians seeking private testing to assist in determining their child’s eligibility for AG services in Guilford County Schools. **The parent/guardian is responsible for the full cost of the private testing.** Unless otherwise approved (in writing) by the AG Department, data from a private test administration will be reviewed during the following windows:

- **BOY Window (Grades 4 - 12):** School days 1 – 30
- **BOY Window (Grade 3):** School days 30 – 60
- **MOY Window (Grades 3 - 12):** First 30 school days of the Grade 2 Initial Screening Window
- **EOY (for VS eligibility only):** May – last school day listed on the GCS Traditional Calendar

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. **The AG Department will only accept ONE private test score.**

IQ/Aptitude

Achievement (Broad/Comprehensive scope of ability)

___ Math

___ Reading

___ Science*

___ Social Studies*

*The AG Department will accept a private test report that is able to provide ONE composite score for Science and 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: _____

TAG Chair USE ONLY: Receipt of Private Testing Prior Notification Date: _____

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 or has the approval of the AG Department for the private testing.

TAG Chair Name (Print): _____

TAG Chair Signature: _____

Copy To: Parent/Guardian
Student’s AG Folder

