**Aquinas Program**

**St. Mary Catholic Schools**

**Request for Assessment**

Please return this form to Stacy Sweetalla at St. Mary Elementary no later than February 28, 2020.

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_

I request for my child to be assessed for the Aquinas Program. I understand the following:

* I will have to provide transportation for my child to arrive at St. Mary Elementary at 8:00 a.m. and will pick him/her up at 11:30 a.m. on the March 20, 2020.
* My child will take the CogAT assessment first. Once the results are in, he/she will be invited to take the ITBS assessment if one of his/her CogAT scores is 130 or above.
* If my child is invited to take the ITBS assessment, I will have to provide transportation for my child to arrive at St. Mary Elementary at 8:00 a.m. and will pick him/her up at 10:00 a.m. on the March 25, 2020.
* If my child is sick, we will be able to reschedule a makeup day for the test he/she missed.
* Enrollment is based on space availability and the following test results criteria:

Tier 1 A CogAT Total Score of 140 or higher

Tier 2 A CogAT Total Score of 135 – 139 and a percentile rank of 80th or higher on the ITBS Total Battery

Tier 3 A CogAT Verbal or Quantitative Reasoning Score of 130 or higher and a percentile rank of 80th or higher on the ITBS Total Battery.

Tier 4 A CogAT Total Score of 130 – 134 and a percentile rank of 85th or higher on the ITBS Total Battery

* I will be informed of my child’s eligibility or ineligibility for program enrollment.
* Eligibility based on assessment results does not ensure immediate program enrollment.
* If my child is eligible, I will receive an application to request enrollment.

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Mother/Guardian (print) Father/Guardian (print)

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City, State, Zip City, State, Zip

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Telephone Number Telephone Number

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Signature of One Parent/Guardian Date