

Cognitive Abilities Test (CogAT) Registration Form
Current 2nd & 3rd Students

Deadline: January 10, 2019

Please Print

Student Name _____ Grade Child Will be in **Fall 2019**: 3rd 4th 5th

Student Date of Birth _____ is this a Re-Test? Yes No

School Currently Attending _____ Home School District _____

Parent Name _____ Email _____

Home Address _____

Phone Numbers (Home) _____ (Cell) _____

Below is the only testing date available at this time. Testing is done at WestWood Elementary

Friday, January 11, 2019 _____ **8:30 AM ~ Testing Current 2nd and 3rd Grade Students.** To schedule testing for a 4th grade student, please call the WestWood office at 952-226-0404.

_____ My child has taken/will take the Measures of Academic Progress (MAP) Test at their home school

_____ My child **has not** taken the Measures of Academic Progress (MAP) Test and it is not offered at their school

*A \$40 testing fee is due at the time of testing for out-of-district students tested in the group setting on the assigned date. Students who require testing on dates other than the group testing date may obtain Individual Intelligence Testing (IQ) by a licensed psychologist at their own expense. District 719 contracts with Dr. Jon Shriver. Please contact Karen Zwolenski to coordinate an appointment with Jon Shriver (an IQ test would replace the CogAT). Please make checks payable to ISD #719. Payment is due on the day of the testing and your cancelled check is your receipt. **All district second grade students will be tested with the CogAT within their classrooms during the week of January 7-11, 2019. In district students eligible for SAGE Academy will be notified by February 25 via U.S. Mail, pending receipt of the CogAT scores.**

Questions?

Please Contact Karen Zwolenski at 952-226-0400

Please fax or mail this form to our office by January 10, 2019.

Mailing Address – WestWood Elementary, 5370 Westwood Dr. SE, Prior Lake, MN 55372

Fax Number - 952-226-0449

| |
|---|
| Office Use Only District Resident? Yes or No If "No" Collect Fee Check # _____ Received By _____ |
|---|