



School Name: _____

Date: September 2016

Dear Grade 3 Parent(s)/Guardian(s):

Re: Consent for Canadian Cognitive Abilities Test (CCAT)

We are requesting consent for your son/daughter to take the Canadian Cognitive Abilities Test, a standardized group test of ability.

The results of this test will be used by school personnel to gain a better understanding of your child's needs. Central staff may also use test results to establish a basis for the evaluation of existing programs and assist in planning appropriate curriculum and instructional programs at the system level. Individual test results will be treated confidentially and any data used for purposes of reporting to the public will be done generically without disclosure of identifying information.

This test will be administered by school personnel and will not involve anyone from outside the school.

Would you please indicate on the bottom portion of this form your consent for this testing of your child, and return it to me as soon as possible. A copy of the results will be placed in your child's Ontario Student Record.

Thank you for your support and cooperation.

Yours truly,

Principal

Consent for Canadian Cognitive Abilities Test (CCAT)

I, _____ do / do not give consent for my

Son/daughter, _____ to take the Canadian Cognitive
Abilities Test (CCAT)

Name of School

Date

Signature

Personal information on this form is collected under the authority of The Education Act and will be used for the purpose of registering appropriate authorization for the student's participation in CCAT testing. Test results may be used at a system level for evaluation and development purposes. If you wish to review the results, please contact the principal of the school.

"This document contains important information. Please take it to someone who can read English or to your School Office so that they can arrange for an interpreter or translation."