

## ELKRIDGE LANDING MIDDLE SCHOOL

7085 Montgomery Road - Elkridge, MD 21075 - 410-313-5040 - (F) 410-313-5045 - [www.hcpss.org/elms](http://www.hcpss.org/elms)

Dear Parent/Guardian:

Welcome to Elkridge Landing Middle School and HCPSS. Based upon our records, your child has not previously been tested by our county using the Cognitive Abilities Test (CogAT) in 5<sup>th</sup> grade or the School and College Ability Test (SCAT), a requirement by Maryland state COMAR for participation in G/T classes.

Eligibility for G/T classes in middle school is determined using standardized test data and other performance indicators. This letter is to request permission to administer the advanced level *School and College Ability Test* (SCAT). The test has two parts:

- Math Reasoning Ability
- Verbal Reasoning Ability

All students complete both portions of the test.

If you would like your child to be tested for possible participation in middle school G/T classes, please sign below and return this letter to the front office staff at Elkridge Landing Middle no later than August 23<sup>rd</sup>, 2018.

Testing will take place on Friday, August 24<sup>th</sup> at 9:00 a.m. in the enrichment room at Elkridge Landing Middle. The test will take about an hour and a half to administer. Results will be available by the end of the day on the 24<sup>th</sup> in the front office in a sealed envelope. Should your child test into the Gifted and Talented core content area classes (Math, English, Social Studies, Science), you will then need to sign the enclosed consent form in your envelope, in order for a schedule change to occur.

Should you have any questions, please contact me at [philenda@hcpss.org](mailto:philenda@hcpss.org). Thank you.

Sincerely,

Pattie Holy-Ilenda, G/T Resource Teacher

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I hereby give my consent for \_\_\_\_\_ in Grade \_\_\_\_\_ to be tested for consideration for Gifted and Talented Education Program classes.

I hereby withhold my consent for \_\_\_\_\_ in Grade \_\_\_\_\_ to be tested for consideration for Gifted and Talented Education Program classes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date