

Katy Independent School District  
**Gifted & Talented**  
**Permission to Discontinue Screening**

<b>Student Name:</b>	
<b>Grade:</b>	<b>Campus:</b>
<b>Parent Name:</b>	

Although I have already given the KISD Gifted and Talented Department permission to test my child for the Challenge program, I would like to discontinue screening and testing for my child at this time. I understand that my child will not be eligible to complete the screening process for placement in the Challenge program; but, I may refer my child again for the Challenge program after one full academic year has elapsed.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:**

**Note: Testing will not be discontinued until this form has been returned to the Challenge teacher at your child's campus, the Challenge teacher has notified the Challenge office, and the Challenge office has notified the assigned G/T testing proctor.**

**Return this form promptly to expedite processing.**

**cc:**  
GT Teacher/Facilitator  
GT Office  
Proctor

GT/AAS  
Reviewed April 2011

Catalog No. 2163  
Revised 06-23-04