

**Gifted Testing Application**  
*(For Annual In-School Testing Only)*  
**Chandler Unified School District Gifted Program**  
**CATS – Chandler Academically Talented Students**



Return to school Student Services Coordinator or Counselor  
*Due: January 12, 2024*  
**3rd – 6th Grade Testing Only**

STUDENT NAME: \_\_\_\_\_ CUSD ID #: \_\_\_\_\_

HOME SCHOOL/DISTRICT: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_

CURRENT GRADE (2023 – 2024): \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ ☐ WORK or ☐ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*\* This is how we will contact you with testing date and time. Please make sure it is legible and current \*\*

GUARDIAN/PARENT NAME: \_\_\_\_\_  
(Please Print)

\*\*\* Please verify that all of the above information is correct. \*\*\*

I grant permission for my child to be evaluated.

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

\_\_\_\_\_  
Date

☐ Yes my Student has a current IEP or 504 that requires accommodations.  
Please include a copy of accommodations page(s) with this application.