

**Parent/Guardian Request Form for Removal of Student from
Performance Tasks Assessment**

I request that my child, _____, be removed from the Performance Tasks Assessment. I understand that if my child is removed from this testing program, he/she will not be considered for participation in gifted and talented services unless new testing data become available. Further, I understand that should my child qualify for the gifted and talented program at a later date, he/she may have missed a significant portion of the curriculum and instruction specifically designed for gifted and talented students.

I am requesting the removal of my child for the following reason(s):

Date: _____

Signature of Parent: _____

Printed Name of Parent: _____

District: _____

School: _____