

Tecumseh High School

901 N13th St.
Tecumseh, OK 74873

Phone - (405) 598-2113
Randy Dilbeck, Principal

FAX - (405) 598-1948
Rodney Bus, Asst. Prin.
Jamie Griggs, Asst. Prin.

Dear Parent or Guardian,

It is the policy of the Tecumseh Public Schools under the newly reviewed guidelines of our district's Gifted and Talented plan that all ninth grade students be given an opportunity to be tested for the Gifted and Talented program. This can be done only with your permission. The testing procedure is as follows:

- 1) Sign and turn in the "permission to test" on the back of this page.
- 2) Next fall, before Fall Break, during one of your child's 2nd or 3rd hour classes, the test will be administered.
- 3) The test is a group IQ Test (Otis Lennon) and takes 45 minutes to complete.
- 4) The scores are completely confidential. After the testing date, if you desire to know your child's score, you may call the high school counseling office (598-2113) and request the information from Ms. Meyers. Leave your name, the name of your child, and your address. An evaluation sheet will be mailed to you as soon as possible.
- 5) If your child scores in the 97th percentile or above on the test, she/he will automatically qualify for participation in the Gifted and Talented Program. Your permission for placement will be needed. If you want to sign that part of the permission form now, it will guarantee immediate service for your child. You will be notified by mail if your child scores in the 97th percentile or above.
- 6) Testing and participation in the GT program is funded by the school and costs nothing for your child to participate.

Thank you for your cooperation in this matter.

Regards,

Jennifer Cox
GT Coordinator for THS

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Permission for Testing and Placement in the GT Program

Please circle either give or decline below.

I hereby **give / decline** permission for my child to be tested for possible admission into the gifted and talented program. If your child scores in the 97th percentile or above on the group IQ test, you will be notified by mail. You may decline services at that time, if you wish; however, the programs offered are free and can enhance your child's educational experience.

Name of Child _____

Parent/Guardian Signature _____

Date _____

FOR OFFICE USE ONLY:

DOB _____

_____ Years _____ Months

RS _____

% _____

ST _____

IQ _____