



BLADEN COUNTY PUBLIC SCHOOLS AIG DEPARTMENT
Written Notification of Intent for Private Testing

Written notification of intent for private testing needs to be received by the AIG Coordinator prior to private testing administration. Private testing is to be completed at the family's expense and is not required for consideration during the AIG screening process. This measure is intended to help parents ascertain the proper window of time for the tests to be administered, as well as to assure the validity and accuracy of the results by eliminating the opportunity for repeated administration of the same test. Parents are not required to have the psychologist submit the results of private testing to the school system unless they desire to have them considered in identification of their child for AIG services. An official copy of the results must be sent directly to the AIG Coordinator from the licensed private clinical psychologist at

AIG Resource Office at Clarkton School of Discovery

Attn: AIG Coordinator

10000 North College Street

Clarkton, North Carolina, 28433

If this form is being completed for private testing, email it prior to the administration of private testing to Patsy Moffat at pawilson@bladen.k12.nc.us, the AIG Coordinator.

Student Information

Today's Date: (mm/dd/yyyy) _____

Student Full Name: _____

Birthday (mm/dd/yyyy): _____ Current Age: _____

Gender: Female Male Ethnicity: _____

Student ID Number: _____

School of enrollment: _____ Grade Completed: _____

Area(s) of Service Interest: Reading Math

Parent/Guardian Name: _____

Home Address: _____

Preferred Phone Number: _____ Parent Email: _____

Private Testing Information

Private testing can only be administered by a North Carolina licensed private clinical psychologist.

The most current form of the test must be administered. See list of Gifted Services Approved Tests for Evaluation.

Name of test administrator: _____ Date scheduled for testing: _____

Name of test: _____ Test form/version: _____

Additional Information: _____

Name of Practice: _____ Phone Number: _____

Address of Practice: _____