

# Confirmation of Gifted Program Assessment Participation

Date: [Insert Date]

Dear [Parent's Name],

We are pleased to confirm that your child, [Child's Name], is scheduled to participate in the gifted program assessment.

## Assessment Details:

- **Date:** [Insert Assessment Date]
- **Time:** [Insert Assessment Time]
- **Location:** [Insert Location]

Please ensure that your child arrives on time and is prepared for the assessment. If you have any questions or need further information, feel free to contact us at [Insert Contact Information].

Thank you for your support and commitment to your child's educational growth.

Sincerely,

[Your Name]

[Your Title]

[School/Organization Name]