



CONEJO VALLEY UNIFIED SCHOOL DISTRICT

1400 East Janss Road, Thousand Oaks, CA 91362 - (805)497-9511

CONSENT & ASSESSMENT PLAN FOR GIFTED & TALENTED EDUCATION (GATE)

Student Name: _____ Birthdate: _____ Grade: _____

Teacher: _____ School: _____

- If student speaks another language at home, please indicate here: _____
- Please check space provided if student has a current designation of: Special Education: ____ or Section 504: ____

Dear Parent/Guardian:

Your student has an opportunity to be assessed as part of the screening process to identify students that qualify for the Gifted and Talented Educational Program (GATE) within the Conejo Valley Unified School District (CVUSD). If your student is GATE identified, they will receive GATE services and opportunities found on the [CVUSD GATE webpage](#). Each school has a designated GATE facilitator to oversee the success of the program within your particular school.

CVUSD is dedicated to identifying students with unique and outstanding learning abilities to help them succeed. As part of the identification process, students are administered the Otis Lennon School Ability Test (OLSAT) which indicates students verbal, nonverbal, general reasoning, and problem-solving skills. This assessment does not require preparation. It assesses things the student already knows. Other considerations for GATE placement are academic performance, classroom functioning, teacher observations, and/or additional testing such as the Slosson Intelligence Test-R (SLOSSON), and Naglieri Nonverbal Ability Test (NNAT). The following professional(s) may be involved in the assessment: Student Support Services personnel, school psychologist and teachers.

Approximately 6 to 8 weeks after assessing your student, a notification letter of your child's eligibility will be sent home from your student's school site (or) mailed. Some students may be asked back for additional assessment before a decision can be made which will be indicated in your letter. Consent is mandatory for GATE services and must be in written form. Please complete and sign the required information below and **return to your student's teacher by November 1st**, to allow them to be assessed.

CONSENT FOR GATE TESTING

- YES, I give my permission to conduct the assessment of my student as indicated above.
- NO, permission is denied.

CONSENT FOR GATE PARTICIPATION

- YES, if my student is identified as GATE by the process above, I give my permission for him/her to participate in GATE programs.
- NO, permission is denied.

Parent/Legal Guardian: _____ Date: _____
Signature

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