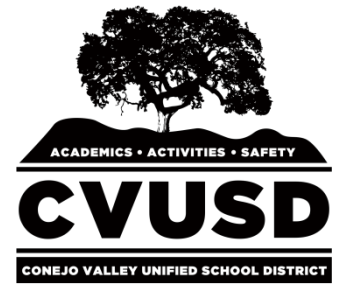


**Office of Student Support Services**

1400 E. Janss Rd.  
Thousand Oaks, CA 91362  
(805) 497-9511



**Juan Manuel Santos, Ed.D.**  
Director, Student Support Services

**Ann N. Bonitatibus, Ed.D.**  
Superintendent

Dear Parent,

You have received this form because you would like your child to be considered for a Gifted and Talented Education evaluation. To assist in the referral process please complete and return this form to Student Support Services.

1. Area(s) of exceptional intellectual / academic strength: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Select your child's strongest school subject(s). Approximately how far above grade level is your student currently performing? Please provide objective information to support this impression. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Area(s) of specific academic weakness (if any). \_\_\_\_\_

\_\_\_\_\_

4. Specific observed behaviors or achievements that suggest your child may be gifted. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. What type of social interaction does your child have with his/her peer group? Younger / older children? Adults?

\_\_\_\_\_  
\_\_\_\_\_

If necessary, provide additional insight or attach evidence to help district personnel make an appropriate determination.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent \_\_\_\_\_ / \_\_\_\_\_ Email address \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_ Grade level \_\_\_\_\_

Respectfully,

Dr. Juan Manuel Santos  
Director, Student Support Services