



# CONEJO VALLEY UNIFIED SCHOOL DISTRICT

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

## GIFTED & TALENTED EDUCATION (GATE) SCREENING OPT-OUT FORM

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: 4

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Dear Parent/Guardian:

All fourth grade students have the opportunity to be assessed as part of the screening process to identify 4<sup>th</sup> grade 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 enhanced instruction with the intent to provide 1) academic growth, 2) challenge, 3) cognitive development, and 4) positive personal and interpersonal growth. 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 (SIT), and Naglieri Nonverbal Ability Test (NNAT). The following professionals may be involved in the assessment; Student Support Services personnel, school psychologist, and teachers.

A parent or guardian of a student has the right to excuse their child from 4<sup>th</sup> grade GATE screening through a passive consent ("opt out") process. A school district shall not require active parent consent ("opt-in") for 4<sup>th</sup> grade GATE screening. If you would **NOT** like your child to participate in this GATE assessment opportunity, please complete and sign the required information below and **return to your student's teacher**, to ensure he/she is **NOT** included in the assessment.

### DECLINE GATE TESTING

Permission for GATE assessment is denied.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print