



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: 3

Teacher: _____ School: _____

Dear Parent/Guardian:

All third-grade students have the opportunity to be screened as part of the identification process to determine eligibility for the Gifted and Talented Education (GATE) Program within the Conejo Valley Unified School District (CVUSD). If your student is GATE identified, they will receive enrichment and extension opportunities found on the [CVUSD GATE webpage](#) 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 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 Cognitive Abilities Test (CogAT) which indicates a student's verbal, nonverbal, quantitative, general reasoning, and problem-solving ability. This computer-based activity does not require preparation as it measures how students process information surrounding concepts they already know. Other considerations for GATE placement may be academic performance, classroom observations, and/or additional activities such as the Slosson Intelligence Test or the Naglieri Nonverbal Ability Test. In addition to school site staff, Student Support Services personnel will be a part of the screening and review process.

A school district shall not require active parent consent ("opt in") for 3rd grade GATE screening. A parent or guardian of a student may choose to excuse their child from 3rd grade GATE screening through an "opt out" process. If you would **NOT** like your child to participate in this GATE screening opportunity, please complete and sign the required information below and **return to your student's teacher**, to ensure they are **NOT** included in the activity.

DECLINE GATE SCREENING

Permission for GATE screening participation is denied.

Parent/Legal Guardian: _____ Date: _____
Signature

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