



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT
STUDENT SUPPORT SERVICES
GIFTED AND TALENTED EDUCATION**

PARENT REFERRAL

Student's Name _____ Gender M __ F __ Date ____/____/____

School _____ Grade _____ Teacher _____ Room# _____

Parent/Guardian Name _____ Birthdate ____/____/____

Street _____ Phone _____

City _____ Zip _____ Honors Classes (MS/HS) Yes ___ No ___

Email _____ Student's Primary Language _____

1.0 LEARNING CHARACTERISTICS OF GIFTED AND TALENTED STUDENTS

The following learning characteristics are found to a large extent among students identified gifted and talented as compared with those who are not. While most students will demonstrate many of these characteristics, students who are gifted and talented will differ in the degree to which these characteristics are observed.

Using the drop down options provided below, select the degree to which each of the following characteristics are observed.

DESCRIPTION OF LEARNING/BEHAVIORAL CHARACTERISTICS	FREQUENCY
1. Understands complicated concepts and relationships.	
2. Possesses an unusual amount of information for his/her age within the subject area(s).	
3. Uses unusual vocabulary in appropriate ways for his/her age.	
4. Is able to articulate ideas fluently.	
5. Remembers facts accurately without special effort.	
6. Combines ideas/materials in unique ways.	
7. Probes beyond "how" and "what" to the "why" in his/her questioning.	
8. Creates products of unusual character or quality.	
9. Exhibits keen powers of observation.	
10. Demonstrates power of abstraction, conceptualization, synthesis and problem solving.	
11. Interest in cause-effect relationships; ability to see relationships.	
12. Develops structures and organizations. Invents original systems.	
13. Indicates unusual retentiveness.	
14. Expresses a dislike for drill and routine.	
15. Evidences power of critical thinking: evaluative testing, including self-criticism, self-checking or critical attitudes.	
16. Indicates an ability for power of concentration; capable of an intense kind of effort.	
17. Demonstrates sensitivity, need for emotional support. Most gifted students tend to need substantial social support and peer acceptance.	
18. Demonstrates a keen sense of humor; seeking to see humor in situations.	

RETURN THIS REFERRAL TO YOUR STUDENT'S TEACHER

Student's Name _____ Grade _____ Teacher _____ Room # _____

From the 18 characteristics listed, select three (3) and give an example in the space below of how your child has demonstrated this quality.

Item No: _____

Item No: _____

Item No: _____

2.0 COMMENTS

Why do you believe your child is gifted?



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 a language other than English 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 screened as part of the identification process to determine eligibility 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 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.

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 Ability Test (OLSAT) which indicates a student's verbal, nonverbal, 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.

Approximately 8 – 10 school weeks after screening your student, a notification letter of your student's eligibility will be mailed to your home address. Please complete and sign the required information below and **return to your student's teacher or front office by November 1st**, to allow them to participate in this GATE screening opportunity.

CONSENT FOR GATE SCREENING

- YES, I give my permission to conduct the identification screening 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 them to participate in GATE programs.
- NO, permission is denied.

Parent/Legal Guardian: _____ Date: _____

Signature

Print

RETURN THIS REFERRAL TO YOUR STUDENT'S TEACHER