



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: _____ Birth Date: _____ 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 enhanced instruction and enrichment/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. 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 Naglieri General Ability Test (NGAT) which indicates 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. In addition to school site staff, Instructional Services personnel will be a part of the screening and review process.

Approximately 6 to 8 school weeks after screening your student, a notification letter of your child'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 screening opportunity.

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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