

**Conejo Valley Unified School District**

Office of Student Support Services  
1400 E. Janss Road  
Thousand Oaks, CA 91362  
(805) 497-9511



# PARENT REFERRAL LETTER

**I am referring my student to be considered for the Gifted and Talented Education Program (GATE) within the Conejo Valley Unified School District:**

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

\_\_\_\_\_

*Grade*

\_\_\_\_\_

*School*

\_\_\_\_\_

*Teacher*

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

\_\_\_\_\_

2. Select your student'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 student may be gifted. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What type of social interaction does your student 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/Legal Guardian*

\_\_\_\_\_

*Email*