

Office of Student Support Services

1400 E. Janss Rd.
Thousand Oaks, CA 91362
(805) 497-9511



Shauna Ashmore
Director, Student Support Services

Mark McLaughlin, Ed.D.
Superintendent

Dear Parent,

You have received this form because you would like your child to be considered for a Gifted and Talented Education evaluation. To assist in the referral process please complete and return this form to Student Support Services.

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

2. Select your child’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 child may be gifted. _____

5. What type of social interaction does your child 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 _____ / _____ Email address _____

Student _____ School _____ Grade level _____

Respectfully,
Shauna Ashmore
Director, Student Support Services