### **PARENT/GUARDIAN REQUEST FOR GIFTED/TALENTED ASSESSMENT RESULTS**

**Date:**

To whom it may concern,

This is to request a copy of my child’s assessment results in the following category:

**Intellectual Ability**   **Visual/Performing Arts Ability**

**Demonstration in**  Visual Arts

**Audition in**  Dance  Drama  Voice

**Student Last Name:**

**Student First Name:**

**Date of Birth:**

**District ID:**

**Current School:**

**Grade:**

**School where Tested:**

**Date of Assessment:**

**Parent Name:**       

**Residence Address:**

**City/Zip Code:**

**Phone Number:** (    )       

**Email Address:**

**Parent Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please sign your name above)*

**Requests will be processed within five business days of receipt.** To avoid delays, please email this form to [GATE@lausd.net](mailto:GATE@lausd.net) (email is preferred) OR mail to Gifted/Talented Programs, 333 S Beaudry Ave., 25th Floor, Los Angeles, CA 90017. **For OLSAT-8 results, please contact the school where student was tested.**