###  **PARENT/GUARDIAN REQUEST FOR 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)*

**Please allow up to two weeks for processing.** To avoid delays, please email this form to 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.**