



Clovis Unified School District
GIFTED and TALENTED EDUCATION
"Children Are Our Most Precious Resource"

PARENT PERMISSION FORM

TO: Parent/Guardian of Click here to enter text.

FROM: Site GATE Coordinator, Jessica Sanchez

DATE: Click here to enter a date.

SUBJECT: Requesting parent/guardian consent to assess student for the GATE program

Clovis Unified has developed specific criteria for identifying a small number of students whose outstanding capabilities require qualitatively differentiated curriculum. The GATE evaluation process may include consideration of achievement test scores as well as a scholastic aptitude test administered by GATE personnel. This aptitude test measures a student's ability to solve problems requiring reasoning with words, numbers and shapes. We try to make this test a natural part of the student's school day, without special preparation, to get a realistic sample of the student's thinking without undue stress.

If your son/daughter meets the criteria for GATE certification, he/she will be eligible for admission into the program. You will then receive more information about the GATE program at your child's school.

PLEASE CHECK THE APPROPRIATE ITEM and SIGN BELOW:

- I would like to have my child evaluated for GATE eligibility and hereby grant permission for screening and testing.
I am not interested in having my child evaluated for the GATE program at this time.

Parent Signature \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

STUDENT'S DATE OF BIRTH \_\_\_\_\_ HOME SCHOOL \_\_\_\_\_

STUDENT'S HOME LANGUAGE(S) \_\_\_\_\_

Please return this form to: Site GATE Coordinator: Jessica Sanchez
BY 10/11/2017
PHONE 327 - 4900

DISTRIBUTION
Site GATE Coordinator
Parent