ROCKLIN UNIFIED SCHOOL DISTRICT GIFTED AND TALENTED EDUCATION (GATE) PROGRAM



REQUEST FOR STUDENT TO BE TESTED FOR GATE: GRADES 2-12th

Dear Parents and Guardians:

If you would like your child to be considered for formal identification as a GATE student in the Rocklin Unified School District, please complete this form. Information you provide about your child is very helpful in the evaluation of your child's abilities and will be confidential. Students in grades 2nd - 12th are eligible for testing in the fall. A final make up testing session for $2^{nd} - 12^{th}$ grades will occur later in the year. In order to have your child tested, please fill out the form below along with the Parent Survey on the back and return by December 4, 2020 to:

Sarah Soares, Program Specialist Rocklin Unified School District 2615 Sierra Meadows Drive Rocklin, CA 95677

Ph: 916-630-3306 Email: RUSDGATE@rocklinusd.org

For additional information regarding the RUSD GATE program, please visit this link: http://www.rocklinusd.org/Departments/Educational-Services/GATE/index.html

Student's First Name:	Student's Last Name:							
Birth Date:								
Parent/Guardian Name(s):								
Home Phone: ()	Cell Phone: ()							
Address:	City:	Zip:						
Current School:	Teacher:	Grade:						
Primary Language Spoken at Home:	Parent Email:							
Has your child been identified as a GATE stude	Yes	No						
Has your child been previously identified as a C	Yes	No						
If YES, please name District where identifie	ed: School Name:							
PARENT / G	UARDIAN PERMISSION TO TEST							
I give permission for my child,	alented Education programs. I give permission for e Matrices Plus, the Naglieri Nonverbal Ability Tes y one hour during the regular school day for testing	my child to be asset, or the WISC IV. .) I understand that	essed using (Students					
I understand that the assessment process is voluntary is also voluntary. Parents may have their child ident								
Signature	Date							
Relationship to the child	E COMPLETE THE PARENT SURVEY ON THE	RACK OF THIS F	OPM 📤					
Le gustaré esta información en Español? Would vou like th	_	DACK OF THIS F	OMM. 7					

PARENT SURVEY - GATE

The information you provide is very helpful in evaluating your child's abilities.

Student Name	

Circle the number that most closely corresponds with your observations (leave blank if not observed):

1 = Never 2 = Seldom 3 = Occasionally 4 = Frequently 5 = Consistently

1. Learns easily/understands concepts quickly	1	2	3	4	5
Asks lots of penetrating questions		2	3	4	5
3. Makes fine discriminations in observations/arguments		2	3	4	5
4. Becomes unusually upset at injustices		2	3	4	5
5. Persistent, resourceful, self directed, independent worker		2	3	4	5
6. Shows unusually high ability in a particular subject or subjects		2	3	4	5
7. Shows unusual interest in a particular subject or subjects		2	3	4	5
8. Tries to do things in different, unusual, imaginative ways		2	3	4	5
9. Enjoys solving puzzles and problems		2	3	4	5
10. Constantly wants to know how or why something is so		2	3	4	5
11. Seems unusually concerned about social or political problems		2	3	4	5
12. Is impatient/critical of other's "unsatisfactory" answers		2	3	4	5
13. Organizes, leads, takes over group activities		2	3	4	5
14. Unusual or highly developed sense of humor		2	3	4	5
15. Has a better reason for not doing what you want done		2	3	4	5
16. Resists drills in spelling, math, handwriting (rote skills)		2	3	4	5
17. Becomes impatient if work is not perfect		2	3	4	5
18. Has his/her own ideas about how things should be done		2	3	4	5
19. Shows unusual leadership ability		2	3	4	5
20. Seems more responsible/mature than age level peers		2	3	4	5
21. Unusually large vocabulary		2	3	4	5
22. Unusually insightful		2	3	4	5
23. Unconventional ideas and opinions		2	3	4	5
24. Generalizes knowledge easily from one situation to another		2	3	4	5
25. Highly competitive in some areas		2	3	4	5

Is there anything else we should know about your child?