



Clovis Unified School District GIFTED and TALENTED EDUCATION

PARENT PERMISSION FORM

TO: Parent/Guardian of [Click here to enter text.](#)

FROM: Site GATE Coordinator, [Click here to enter text.](#)

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) _____

<p>DISTRIBUTION Site GATE Coordinator Parent</p>

Please return this form to:

<p>Site GATE Coordinator: Heather Devany BY 10/7/2022 PHONE 327 - 8800 TEST DATE 10/11/2022 TIME 9/23/2022</p>
