



# Clovis Unified School District GIFTED and TALENTED EDUCATION

## PARENT PERMISSION FORM

**FROM:** Gate Program

**DATE:** 10/6/2023

**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 a 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

STUDENT’S HOME LANGUAGE(S)

**Please return this form to: Site GATE Coordinator:** Heather Devany

BY 10/13/2023

PHONE 327 - 8800

TEST DATE 10/20/2023

TIME 8:30 AM

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