

PLEASANTON UNIFIED SCHOOL DISTRICT
Special Projects Office

Parent Nomination / Questionnaire / Permission for GATE

The purpose of Gifted and Talented Education (GATE) services is to address the needs of students who would benefit from challenges beyond what the general education program can offer. The district works with school staffs to provide high quality differentiated opportunities for learning that meet students' particular abilities and talents and to focus on the areas of need addressed in the district's state GATE application. Funding administered at the district level must support the school site plans with some of these funds used for testing and identification.

Every student in Pleasanton Unified School District (PUSD) is offered the opportunity to be tested at least once for GATE identification. For most students this happens at the end of second grade so that formal clustering can begin in third grade. Students may be tested several times, as often as every other year.

Students in grades 3 to 11 must be nominated by a teacher, parent, or other school staff to be tested for GATE. Parents may nominate their child by submitting this completed *Parent Nomination / Questionnaire / Permission for GATE* to the Special Projects Office.

Students in grades 3 to 8 will be tested during the school day at their own school. High school students will be tested at the District Office after school on a date yet to be determined. A letter notifying parents/guardians of the testing dates and other information will be sent home mid January. Testing will be administered throughout February.

All 3rd grade students enrolled in PUSD last year are not eligible for testing this year. Also, any student who took the Cognitive Abilities Test (CogAT) last year is not eligible for testing this year.

Characteristics of Gifted Students

Be aware that a student may not demonstrate all of these characteristics.

Extensive reading	Talent in art, music and/or drama
Interest in academic activities	Ability to solve problems
Strong motivation to learn	Originality in thinking
Proficiency in basic skills (beyond grade level)	Mature or complex sense of humor
Exceptional memory	Interaction with intellectual peers
Advanced vocabulary, verbal fluency	Demonstrates leadership or influences the activities of others (either positively or negatively)
Ability to work independently	Probes beyond "how" and "what" to the "why" in his/her questioning
Advanced research skills	Does things his/her own way: nonconformist
Works alone	Understands complex concepts and relationships or concepts beyond his/her grade level
Critical of peers/impatient	Critical thinking
Experimentation with new ideas	Intellectual curiosity

Be advised that the testing assessment used for GATE identification is a difficult and stressful test. Its purpose is to identify students who demonstrate excellence far beyond that of their chronological peers. The Cognitive Abilities Test (CogAT) is a timed multiple choice test, and takes approximately 2 ½ hours to complete.

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PARENT NOMINATION / QUESTIONNAIRE / PERMISSION for GATE

Due December 10, 2008

Person making nomination: _____ Phone number _____

I have carefully considered the **Characteristics of Gifted Students**, have determined **that this student has not taken the CogAT within the last year**, and hereby nominate for GATE testing:

Student Name: _____ Birth date: _____

School: _____ Teacher: _____

Grade: _____ ID# _____ Bilingual: Yes _____ No _____

Parents/guardians are encouraged to submit a completed questionnaire as part of the nomination process. Please help us by sharing evidence of your child's giftedness.

1. What special interests and skills does your child have? Give specific examples of behavior that illustrates these areas.
2. What else would you like us to know to assist us in assessing your child?
3. Is there additional testing information to share that the school district has no knowledge of?
4. I give my consent for _____ to be evaluated for Gifted and Talented Education using the Cognitive Abilities Test (CogAT). If my child is found to be eligible, I give my consent for him/her to receive GATE services.
5. Signature: _____

Questions about the CogAT test and GATE services may be answered by visiting PUSD's GATE website at <http://www.pleasanton.k12.ca.us>.

Please fax this completed form to the Special Projects Office at 462-8216, or drop it off at the District Office at 4665 Bernal Avenue in Pleasanton, anytime before December 10, 2008.