

Tracy Unified School District
1875 W. Lowell Avenue, Tracy, CA 95376
Gifted and Talented Education
Continuous Improvement, State & Federal Programs

GATE TESTING / PROGRAM APPLICATION

Parents who wish to have their child tested for and enrolled in the districts's Gifted and Talented (GATE) Program must complete this packet which includes the *Application* and the *Parent Checklist for Observed Behaviors*.

Please return the application packet to the school site office.

Students who do not attend a TUSD school can return the completed packet directly to the district.

Deadline to submit the application packet is December 6, 2019

Student's Name: _____ Birthdate: _____ Male _____ Female _____

School of Attendance: _____ Current Grade: _____

Parent/Guardian Names: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Ethnicity: American Indian _____ African American _____ Asian _____ Pacific Islander _____

Filipino _____ Caucasian _____ Hispanic _____ Other _____

Has your child previously been tested for GATE? Yes _____ No _____ If yes, Date of test _____

Name of test (if known) _____

Was your child tested in another district? _____ Name of District _____

Describe any aspects of your child's health, emotional or academic development of which the GATE staff should be aware? _____

Check one:

_____ I wish to have my child tested for GATE eligibility. My signature authorizes permission for assessment.
Notification of date,time and location of assessment will be mailed to your residence.

_____ My child has already been identified as GATE eligible, but is not currently enrolled. I wish to enroll my child in the GATE program. Date of desired enrollment: _____

If student is in grade 5 or above, what is the middle school in your area of attendance? _____

Parent Signature

Date

Parent Checklist for Observed Behaviors

Please PRINT Clearly

Name of Student: _____
(First) (Middle) (Last)

Current School: _____ **Date:** _____ **ID#:** _____

Current Grade Level (Circle One): 1 2 3 4 5 6 7 8 9 10 11 12 **Gender:** **F** **M**

Race (Please check one): American Indian/Alaska Native Asian Black/African American
 Hispanic/Latino Native Hawaiian/Other Pacific Islander White Other

Date of Birth: ____/____/____ **Age:** _____ **Current Teacher or Counselor:** _____
Month Day Year

Current Residence Address: _____ **Zip Code:** _____

Please complete the form by placing a check in the appropriate box indicating how often you observe these behaviors in your child.

I have observed this behavior	Disagree	Occasionally	Agree	Strongly Agree
1. Exhibited language development at an early age				
2. High interest in reading or literature at a young age				
3. Has an unusually large vocabulary				
4. Has extraordinary memory, recalling facts easily				
5. Likes to have his/her ideas known				
6. Is keenly alert, aware of what is going on around him/her				
7. Is highly curious, asking many questions				
8. Wants to know how and why things work				
9. Thinks quickly, learns fast				
10. Has a sophisticated sense of humor				
11. Enjoys a challenge				
12. Chooses difficult problems over simple ones				
13. Puts unrelated ideas together in new and different ways				
14. Has his/her own ways of solving problems				
15. Is persistent, sticks to a task				
16. Sets high standards				
17. Finds and corrects own mistakes				
18. Is assertive and not easily swayed				
19. Has exceptional talent in one or more areas				
20. Interacts easily with adults, older peers				
21. Is deeply concerned with justice, fairness				
22. Is independent, a self-starter				
23. Organizes/leads others if given the chance				
24. Others look to him/her for knowledge and/or help				

Parent Checklist for Observed Behaviors

Please complete the form by placing a check next to each characteristic indicating you have observed these behaviors in your child.

Intellectual ability	<input type="checkbox"/> Advanced vocabulary <input type="checkbox"/> Advanced comprehension: Word nuances, metaphors, and large ideas <input type="checkbox"/> Self-taught reader <input type="checkbox"/> Excellent memory <input type="checkbox"/> Asks probing questions <input type="checkbox"/> Keen or unusual sense of humor
Creative Ability	<input type="checkbox"/> Innovator <input type="checkbox"/> Imaginative <input type="checkbox"/> Identifies patterns and trends/visual <input type="checkbox"/> Frequently challenges ideas and experts
Specific Academic Ability	<input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> English Language Arts <input type="checkbox"/> Technology <input type="checkbox"/> Science <input type="checkbox"/> Engineering
Leadership Ability	<input type="checkbox"/> Strong verbal communication skills <input type="checkbox"/> Assumes leadership role in student groups <input type="checkbox"/> Influences peers <input type="checkbox"/> Social awareness <input type="checkbox"/> Confident <input type="checkbox"/> Empathy <input type="checkbox"/> Inspirational <input type="checkbox"/> Accountable <input type="checkbox"/> Honest
High Achievement	<input type="checkbox"/> Learns quickly <input type="checkbox"/> Organized <input type="checkbox"/> Strong study skills <input type="checkbox"/> Good time management
Talent in Visual or Performing Arts	<input type="checkbox"/> Singing <input type="checkbox"/> Music <input type="checkbox"/> Dancing <input type="checkbox"/> Art <input type="checkbox"/> Theater

Parent Signature

Home Phone

Cell Phone

Date