

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"/> English Language Arts <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Technology <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"/> Empathy <input type="checkbox"/> Accountable <input type="checkbox"/> Confident <input type="checkbox"/> Inspirational <input type="checkbox"/> Honest |
| High Achievement | <input type="checkbox"/> Learns quickly <input type="checkbox"/> Strong study skills <input type="checkbox"/> Organized <input type="checkbox"/> Good time management |
| Talent in Visual or Performing Arts | <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Theater <input type="checkbox"/> Music <input type="checkbox"/> Art |

Parent Signature

Home Phone

Cell Phone

Date