



PERMISSION TO ASSESS

Dear Parents,

Your child has been referred for *possible* qualification for the Gifted and Talented Education (GATE) program. Students are referred for this assessment by teachers, administrators or parents/guardians. Please complete the form below and return to your child's school as soon as possible. You will be notified if your child qualifies for the program once the testing and scoring process is completed.

GATE Coordinator

_____ I give permission for my child to be assessed.

_____ I do not give permission for my child to be assessed.

Parent/Guardian Signature

Date

Student First Name: _____ Last Name: _____

Student ID: _____ Birth Date: _____

Grade: _____ Teacher: _____ School: _____

- Teacher Recommendation
- Parent/Guardian Recommendation
- Administrator Recommendation

Based on the following criteria:

- Exceeds grade level standards (advanced academic achievement)
- Talent (creativity, leadership, visual and performing arts, and or exceptional progress in 2nd language acquisition)
- Behavior characteristics (higher order thinking skills, creative thinker, probes beyond how and what to the why in questioning, etc.)