

**ROCKLIN ACADEMY FAMILY OF SCHOOLS
GIFTED AND TALENTED EDUCATION (GATE)
PARENT INFORMATION FORM**

This information form is to be completed by parents who would like their child considered for GATE testing. As parents, information that you provide about your child is very helpful in the evaluation of your child's abilities. In order to have your child evaluated, please fill out the following information completely and return it to the office.

Child's Full Name _____ Birth Date _____

Parent's Name(s): _____ Phone _____

Address _____ City _____ Zip _____

Teacher _____ Grade _____

Circle the number that most closely corresponds with your observations:

1 = Never 2 = Seldom 3 = Occasionally 4 = Frequently 5 = Consistently

1. Learns easily / understands concepts quickly	1	2	3	4	5
2. Asks lots of penetrating questions	1	2	3	4	5
3. Makes fine discriminations in observations/arguments	1	2	3	4	5
4. Becomes unusually upset at injustices	1	2	3	4	5
5. Persistent, resourceful, self-directed, independent worker	1	2	3	4	5
6. Shows unusually high ability in a particular subject or subjects	1	2	3	4	5
7. Shows unusual interest in a particular subject or subjects	1	2	3	4	5
8. Tries to do things in different, unusual, imaginative ways	1	2	3	4	5
9. Enjoys solving puzzles and problems	1	2	3	4	5
10. Completes part of an assignment before going off in a new direction	1	2	3	4	5
11. Constantly wanting to know how or why something is so	1	2	3	4	5
12. Seems unusually concerned about social or political problems	1	2	3	4	5
13. Is impatient/critical of other's "unsatisfactory" answers	1	2	3	4	5
14. Organizes, leads, takes over group activities	1	2	3	4	5
15. Unusual or highly developed sense of humor	1	2	3	4	5
16. Has a better reason than you for not doing what you want	1	2	3	4	5
17. Resists drills in spelling, math, handwriting (rote skills)	1	2	3	4	5
18. Becomes impatient if work is not perfect	1	2	3	4	5
19. Daydreams frequently	1	2	3	4	5
20. Has his/her own ideas about things should be	1	2	3	4	5
21. Shows unusual ability in art or music	1	2	3	4	5

22. Shows unusual ability in dance, rhythm, or sports	1	2	3	4	5
23. Shows unusual leadership ability	1	2	3	4	5
24. Seems more responsible/mature than age level peers	1	2	3	4	5
25. Unusually large vocabulary	1	2	3	4	5
26. Unusually insightful	1	2	3	4	5
27. unconventional ideas and opinions	1	2	3	4	5
28. Generalizes knowledge easily from one situation to another	1	2	3	4	5
29. Highly competitive in some area	1	2	3	4	5
30. Seems to work significantly below ability	1	2	3	4	5

Language spoken at home _____

Is your child successful in school? _____

Describe your child's attitude toward school _____

List any special interests, talents or skills your child may have _____

Is there anything else we should know about your child? _____

Has your child been previously GATE identified? _____ Where? _____

If yes, please attach documentation from the identifying school district.

I give permission for my child, _____ to be GATE assessed. I understand that the assessment process is voluntary and confidential.

Parent(s) Name (please print) _____

Phone (h) _____ Phone (w) _____

Relationship to child _____

Signature _____ Date _____