

GATE (Gifted And Talented Education)

Paradise ISD

Spring Grades K-11th Nominations

Nomination Form – Parent/Legal Guardian Nomination

Each spring, students in Kindergarten through 11th grade are given the opportunity to be nominated for the Gifted and Talented Education Program. By signing this nomination form you are choosing to nominate your child to be tested for the Paradise GATE Program, AND giving permission for your child to be in the program if they meet the qualification criteria.

Initially, students will be given a cognitive abilities test of which they must score a 95% or above on one of the tested areas. If initial criterion is met then a series of tests will be given and administered through the end of school. You will be notified of qualification status at the end of testing. Areas tested are, general reasoning, analytical/critical thinking, achievement areas: Math, Language, Science and Social Studies, and a parent/teacher inventory is given.

If a child qualifies in grades 1-5, they will receive pull-out instruction and in class differentiation to help accommodate the child’s gifted area needs. Students in Jr. High and High School receive differentiated instruction, and gifted areas are considered when nominating for Pre-AP and AP classes, UIL, Math/Science teams, etc.

Please consider possible characteristics of a gifted child when deciding to test your child. There are no set characteristics, but common ones are listed on the second page.

(students who tested during the 2016-17 school year will not be eligible for testing this year)

If you would like for this child to be tested for this program, please fill out the information below and return this form by the deadline of: **Thursday, February 15, 2018.**

For additional information visit <http://pisdgate.weebly.com/gate-nomination-and-testing-information.html> . If you have questions please contact Carla Gentry.

Thank you, Carla Gentry cgentry@pisd.net 940-969-5046

**PARADISE ISD GATE PROGRAM SPRING NOMINATION FORM – STUDENTS GRADES K-11TH
Parent/Legal Guardian Nomination**

STUDENT’S NAME _____ BIRTHDATE _____

GRADE & TEACHER _____

I grant permission for _____ to be tested for the Gifted and Talented Education (GATE) Program at Paradise ISD.

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Signature and Relationship to child _____

Date _____ Phone Number _____

Has your child ever been in a GATE Program at a previous school? _____ Yes _____ No If yes provide the following:

School - _____ Year/Grade enrolled in GATE Program - _____

School Use:	Date Received: _____	School Personnel: _____
	Campus Received: _____	Before Deadline Above: YES NO