YUCAIPA-CALIMESA JOINT UNIFIED SCHOOL DISTRICT

GIFTED AND TALENTED EDUCATION (GATE)

TEST PERMISSION FORM

SECTION A *To be completed by parent or school*

Check One: Site initiated application _____Parent/Student initiated application _____

Student_____
First Last Age Grade

Parent/Guardian Name_____

Address_____

School_____

Initial Application_____ Repeat Application_____

Has student previously been identified as gifted and talented?_____if yes, list date, identified_____
by this district?_____If by another district, please list district name and location_____

SECTION B *To be completed by parent/guardian*

PARENT/GUARDIAN PERMISSION FOR INDIVIDUAL PUPIL ASSESSMENT

I understand that to complete the evaluation for placement in a gifted and talented program, it may be necessary to administer a group and/or individual ability assessment test. The Yucaipa-Calimesa Joint Unified School District uses the Naglieri Non-verbal Ability Test (NNAT). I understand that credentialed teachers employed by the district will make the assessment. I approve of the assessment herein described, and I give my permission for the aforementioned test to be administered to the pupil named in this application. In the event that this student is identified, I hereby give my consent for placement in a program for Gifted and Talented Students. I understand that I will be notified of the outcome of the assessment only if my student's score indicates eligibility for GATE.

Parent/Guardian_____
Signature Print Name Date

SECTION C *To be completed by school*

Student Perm. ID #_____EL?_____FEP?_____

Most recent CST test date_____

Total Reading Score_____

Total Math Score _____

Achievement test scores (other than CST--indicate name of test)_____

Reading Date _____ Grade _____ %_____

Math Date _____ Grade _____ %_____

Are scores consistent with class work?_____

Name of teacher assessing pupil performance_____

Principal's Signature_____Date_____

Keep this form with the NNAT Answer Sheet and file in the student's cum file.