

Jefferson School District
Gifted and Talented Education Program
Student Application for GATE Admission (SAGA)

Select the type of GATE application:

- Parents who wish to have their child tested for and enrolled in the District's GATE Program
(This application must be filled out for students who have not been tested, upon results student will be enrolled in the GATE program.)
- Parents who wish to have their child enrolled in the District's GATE program
(This application must be filled out for students who have not been enrolled in the Jefferson School Districts GATE Program, but meet the GATE Plan's High Achievement eligibility. High Achievement means the student has scored "4 – Standards Exceeded" on the CAASPP Smarter Balanced Summative Assessments in both English Language Arts and Math, for two consecutive years.)

Please return this form to your student's school office.

Student's Name: _____ Birth date: _____ M/F _____

School of Attendance: _____ Current Grade: _____

Parent/Guardian Names: _____

Address: _____

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) _____

District in which child was tested _____

CHARACTERISTICS EVIDENCED BY YOUR CHILD. (Please check those that apply.)

- | | |
|------------------------------------------------------|---------------------------------------|
| _____ Extensive Reading | _____ Positive self-image |
| _____ Interest in academic activities | _____ Experiments with new ideas |
| _____ Strong motivation to learn | _____ Intellectual Curiosity |
| _____ Proficiency in basic skills beyond grade level | _____ Self understanding |
| _____ Exceptional memory | _____ Critical thinking |
| _____ Advanced vocabulary, verbal fluency | _____ Ability to solve problems |
| _____ Wide range of interests | _____ Originality of thinking |
| _____ Acceptance of responsibility | _____ Complex sense of humor |
| _____ Ability to work independently | _____ Interacts w/ intellectual peers |
| _____ Advanced research skills | _____ Acceptance of leadership roles |
| _____ Goal directed | |

My signature authorizes permission for assessment and placement for the GATE program.

Parent Signature

Date

For office use only: Date application received _____