



VAL VERDE UNIFIED SCHOOL DISTRICT Gifted and Talented Education (GATE)

Parent Survey for Initial GATE Identification

Student Name: _____ Birth date: _____ Age: _____ Gender: _____

School: _____ Grade: _____ Referral Date: _____

There is a wide range of differences among gifted and talented students. This Parent Survey has been designed to facilitate the search and screening process for potential GATE students.

DIRECTIONS: Please read each statement carefully and indicate the degree to which you have observed the trait or skill in your child by circling a number 1-5 (seldom – consistently).

Student Characteristic	Observed Seldom (1) Consistently (5)				
Uses unusual words for his/her age in appropriate ways	1	2	3	4	5
Works on projects and/or problems without adult supervision	1	2	3	4	5
Collects things (sometimes randomly, other times with a definite purpose); many hobbies (some long duration, others short lived)	1	2	3	4	5
Questions authority	1	2	3	4	5
Has a rich fantasy life; daydreams frequently	1	2	3	4	5
Uses free time by making up games or other products	1	2	3	4	5
Possesses an unusual amount of general information for his/her age	1	2	3	4	5
Has many opinions and is able to support personal points of view	1	2	3	4	5
Is highly curious	1	2	3	4	5
Is eager to try new activities	1	2	3	4	5
Responds quickly when asked questions	1	2	3	4	5
Understands complicated concepts and relationships	1	2	3	4	5

Please make any comments explaining why you feel your child should be considered for identification in the Val Verde Unified School District's Gifted and Talented Education Program:

Completed By: _____ Relationship: _____ Date: _____

** Please return completed Parent Permission for Assessment and Parent Survey to your child's teacher within two days of receipt so that the child may be included in the upcoming GATE identification assessment cycle.