Date:
To: Parents/Guardians of San Diego Unified School District Students
From:
Re: 2018-19 GATE Testing

This year your child will be evaluated via the multi-criterion assessment process to determine identification for the Gifted and Talented Education (GATE) Program.

- **Second grade** students are universally evaluated and parents will need to “opt out” on the reverse side of this letter, if they choose not to have their student tested.
- **Third, fourth, and fifth grade** students who are NEW to the district will be tested in the third through fifth grades. Parent permission is NEEDED for assessment.
- **Fifth grade** students may also be retested if they meet the following retest criteria. All testing concludes at the end of fifth grade. Parent permission is NEEDED for assessment.

**Things to remember:**

- If your child wears corrective lenses, please make sure s/he has them during the testing period.
- If for some reason your child is not at his or her best the day of their scheduled test, please notify the school so that other arrangements can be made during the testing window. We are unable to test outside of the time frame noted below. Documentation from a physician or school nurse may be required.
- After the testing has been completed, parents will be notified through the school site whether or not their child qualifies for the GATE program.
- All GATE program and placement questions or appeals should be directed to the school site’s GATE Team.
- To ensure valid assessment, it is important that your child not be introduced to the actual test materials prior to the test administration. Please sign regarding the “Ethics in Testing Statement” on the reverse side.

We request that you complete the questions attached to this letter and return it to the school site as soon as possible. Information supplied by the parent is helpful in the evaluation of a student’s abilities.

**TESTING WINDOW for the CogAt screener will be conducted at your school during:**
STUDENT/PARENT INFORMATION FORM

STUDENT’S NAME  (Last/First)  DATE of BIRTH  SCHOOL / GRADE

☐ NO, DO NOT TEST MY CHILD

Please sign here

Signature of Parent or Guardian / Date

☐ YES, TEST MY CHILD

ETHICS CLAUSE AND POSSIBLE FUTURE GATE PLACEMENT

~To my knowledge, my child has not been tested with the CogAt Screener in the past 6 months nor practiced with the test in any way.

Please sign here

Signature of Parent or Guardian / Date

• Does your child have an active Special Education IEP or 504 Plan?  YES ______  NO ______

• Other information to assist us in assessing your child?