

**Priority Charter Schools
GATE Assessment Written Consent**

Date: _____

Dear Parent/Guardian:

Your child has been referred for Gifted and Talented Education (GATE) Assessment to see if he/she would benefit from GATE Services for Priority Charter Schools. To receive proper services, your child will need to be assessed. The GATE Committee will look at numerous pieces of information before eligibility for services can be established. **Should you agree to your child being assessed, please complete and return the enclosed parent rating document.** After the student is assessed and the GATE Committee has evaluated all information by a blind process, the GATE Committee will determine if your child meets the District's GATE requirements. You will receive written notification of the eligibility decision. **Please return this form to your child's teacher or me if you would like the school to assess your child. No assessment consents will be accepted after February 12, 2021 4 P.M.**

In the spirit of education,

Campus GATE Coordinator

Campus GATE Coordinator's Email

Campus Name: _____ **Local ID#:** _____ **Grade:** _____

Child's Name (first/last): _____ **DOB:** _____

_____ *(parent initials)* **Yes, I give my permission for my child for GATE assessment.**

_____ *(parent initials)* **No, I do not give my permission for my child for GATE assessment.**

Parent/Guardian Signature: _____ **Date:** _____

School Use Only:

Date /Time Received: _____ Campus: _____

Received by: _____ Title: _____