

**Invitation to Test**

**Does your student have several of these characteristics?**

- ❖ Enjoys learning
- ❖ Has a large vocabulary
- ❖ Is inventive
- ❖ Is a quick learner
- ❖ Persists when something is difficult
- ❖ Has intense interests
- ❖ Is highly observant
- ❖ Has a good sense of humor
- ❖ Is curious & inquisitive
- ❖ Likes to play challenging games
- ❖ Enjoys creative activities
- ❖ Likes to read & write
- ❖ Connects information & ideas
- ❖ Likes to solve problems
- ❖ Is a natural leader
- ❖ Takes initiative

**If so, please consider having her/him tested for gifted services.**

**WHAT IS GATE?** GATE (Gifted and Talented Education) provides services designed to meet the special academic and social needs of gifted and talented students who have potential for high academic achievement. Lessons integrate critical/creative thinking and problem solving abilities. Emphasis is placed on self-direction, flexibility, and cooperation in social and academic settings.

**GATE TESTING AND PLACEMENT:** Testing is offered in both English and Spanish, and students are placed in the appropriate GATE program (self-contained or pull-out) based on test results. As a parent/legal guardian of an enrolled kindergarten through 7<sup>th</sup> grade TUSD student, you may request that your child be tested and considered for GATE services by signing, carefully detaching, and placing the permission form below in the mail, **postage free**. The permission form below must be **received** by **September 19, 2014**, in order to have your student tested for potential 2015-2016 GATE services. The Fall testing window is during October and November, and the assessments will be administered at your student’s TUSD school of enrollment. Flyers containing specific testing dates will be displayed at your student’s TUSD school of enrollment. Please contact the GATE office at 520-225-1305 if you have questions.

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Carefully detach below and place in **mail postage free**

*espréndala cuidadosamente y envíala gratuitamente por correo*

**GATE Testing Permission Form**

This form must be **received** by the GATE Department by **September 19, 2014**, in order for your student to be tested during the Fall testing window for potential 2015-2016 services.

El Departamento de GATE debe recibir esta tarjeta postal a más tardar el **19 de septiembre de 2014** para que su estudiante sea evaluado para los posibles servicios en 2015-2016.

\_\_\_\_\_ **YES, I would like my child tested. / Sí, quiero que mi hijo(a) sea evaluado(a)**  
 Signature required (Firma requerida) Date/Fecha

\_\_\_\_\_ My relationship to my child—please circle one: / Mi relación con mi hijo(a)-por favor marque con un círculo:  
 Print name (Imprima el nombre) Mother/Madre Father/Padre Guardian/Tutor