SIERRA/PLUMAS JOINT UNIFIED SCHOOL DISTRICT

Gifted and Talented Education Program (GATE) Student Nomination Form

This nomination form is provided to parents/guardians and teachers of students in grades 2-11 to submit a child's name for possible placement in the SPJUSD Gifted and Talented Education Program. If you feel that many of the characteristics listed below apply, please complete this form in as much detail as possible. Mail it to Mary Nourse, GATE Coordinator at P.O. Box 350, Sierra City, CA 96125 or fax it to 530-862-1040.

Name of Child	Gender	Age	Birthdate		
(Please Print)					
Home Address	City		Zip		
Parent/Guardian	_Home Phone#	Worl	k or Cell#		
emailSchool Atte	nding		_Teacher		
Circle grade: 2 3 4 5 6 7 8 9 10 11 Referring teacher, if applicable					
Language spoken at home	Is the c	hild biling	ual?		

CHARACTERISTICS OF GIFTED STUDENTS

Please circle the level to which each characteristic applies to the child:

U = Usually S = Sometimes R = Rarely

U	S	R	Good problem solving abilities	U	S	R	Perfectionist	
U	S	R	Rapid learning ability	U	J S R Feelings hurt easily			
U	S	R	Extensive vocabulary	U	S	R	Sensitive to others' feelings	
U	S	R	Excellent memory	U	S	R	Intense reactions to frustration	
U	S	R	Long attention span	U	S	R	Questions authority	
U	S	R	Unusual curiosity	U	S	R	Concern with morality and justice	
U	S	R	Keen powers of observation	U	S	R	High level of creativity	
U	S	R	Intense interest in books	U	S	R	Vivid imagination	
U	S	R	Excellent sense of humor	U	S	R	High degree of energy	
U	S	R	Unusual insightfulness	U	S	R	Wide range of interests	
U	S	R	Enjoys playing w/ older children	U	S	R	Perseverance in areas of interest	
U	S	R	Judgment seems mature for age	U	S	R	Interested in puzzles or mazes	

This child was identified for GATE in _

(Please provide documentation or contact information.)

District in

(Year)

• Indicate any special services or health conditions which impact the child. (e.g. RSP, asthma, etc.)

PARENT PERMISSION

I give permission for my child to be tested for the SPJUSD GATE Program.

Parent/Guardian Signature_____Date_____

I give my permission for my child to participate in GATE if she/he qualifies for the program.

Parent/Guardian Signature	Dat	e