



The Learning Center

HILL COUNTRY CHRISTIAN SCHOOL OF AUSTIN

GATE Evaluation Request

Grades 4-8

Student Name _____ DOB _____ Grade _____

Teacher _____ Parent Name(s) _____

E-Mail _____ Phone Number _____

The purpose of this correspondence is to enable you to provide informed consent to authorize Hill Country Christian School of Austin to conduct a **Gifted and Talented Enrichment (GATE)** Program Evaluation. Your child will be assessed using multiple measures of creative/divergent thinking and multiple measures of general intellectual ability. Sources and instruments may include but are not limited to:

- Abilities/Aptitude tests;
- Gifted screening assessments for academics and reasoning;
- Behavior checklists that will identify observed characteristics of gifted children;
- Non-verbal reasoning tests;
- Other measures comparable to those listed above.

You will be part of the evaluation process and will be asked to provide input to help determine the educational needs of your child. Upon completion of the evaluation process, the GATE committee will review all available data and determine your child's eligibility for services in the GATE program at HCCSA. You will receive written notification of the evaluation results.

If you have any questions regarding this evaluation request, please feel free to contact Janna McGee, GATE Coordinator, at jmcgee@hccsa.org.

Please sign below to confirm your request for this evaluation:

I consent to the proposed evaluation and have enclosed the evaluation fee of \$60.00.

Parent Signature _____ Date _____

For TLC - HCCSA Use

Date Rec'd	Amt.	Ck #	School Office – Wendi Trevino	Director of TLC – Irma Plaza