SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of the Deputy Superintendent-Curriculum and Instruction
• GIFTED AND TALENTED EDUCATION DEPARTMENT •
4833 Doliva Drive • San Diego, CA 92117

PLEASE RETURN FORM
TO THE SCHOOL

STUDENT/PARENT INFORMATION FORM

STUDENT'S NAME (Last) _____ **(First)** _____ **DATE of BIRTH-mm/dd/yy** _____ **SCHOOL** _____

Home Address _____ **room number**_____ **grade**_____

City _____ **ZIP Code** _____ **Male** ○ **Female** ○

Mother's Name _____ **Occupation** _____ **Work Phone** _____

Father's Name _____ **Occupation** _____ **Work Phone** _____

Home Telephone _____ **Date Form Completed:** _____/_____/_____ **mm dd yy**

SCHOOLS ATTENDED (After Preschool) **GRADE**

1.		
2.		
3.		
4.		

Circle one: **Is the student new to the San Diego Unified School District?** ☐ **Yes** ☐ **No**

- Names and ages of brothers and sisters: _____
- Describe your child's attitude toward school. _____

Please check the boxes that best describe your child:	**rarely**	**sometimes**	**often**
Is confident in his or her abilities; has high expectations of self			
Expresses thinking beyond age level			
Displays a clever sense of humor			
Shows strong emotional responses; is sensitive			
Is very motivated to complete work; persistent			
Asks many questions; is curious			
Displays an advanced vocabulary			
Grasps new ideas quickly without many repetitions			
Thrives on complexity; is interested in details			

- **What other information would you like us to know that would assist us in assessing your child? Are there any health, vision, hearing, special needs or emotional concerns? Does your child have an IEP or 504 Plan? Please explain:**

_____

_____

_____

• ETHICS CLAUSE AND POSSIBLE FUTURE GATE IDENTIFICATION •

To my knowledge, my child has not been tested with the Raven in the past 6 months nor practiced with the test in any way. I also agree to the GATE identification of my child if s/he is eligible.

'07-'08 **please sign here** → _____ **(Signature of Parent/Guardian)**