

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, PERMISSION FOR TESTING, 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. The GATE psychologist has my permission to assess the above-named student. I also agree to the GATE identification of my child if s/he is eligible.

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