

SEMINAR TASK FORCE REVIEW 2006-2007
SITE INFORMATION AND NEEDS ASSESSMENT

Please complete and return the entire survey to the GATE Office, Madison HS, B-6 by **September 25, 2006**.

NAME OF SCHOOL: _____

GRADE LEVEL(S): _____ NO. OF STUDENTS SERVED: _____

PERSON RESPONDING: _____ TITLE: _____

EMAIL ADDRESS: _____ PHONE: _____

DATE: _____

Please answer the following questions as completely as possible in order to give the GATE Dept. staff a complete profile of your Seminar program and any needs you may have prior to the first Task Force Committee Meeting.

1. SEMINAR PROGRAM DESIGN

a. Do you self-fund any positions of your Seminar Program? ____ Yes (How much? ____%)
____ No

b. Does every Seminar teacher have GATE certification? ____ Yes ____ No

c. Does every Seminar teacher have three (3) years minimum of GATE Cluster teaching experience? ____ Yes ____ No

d. Please list teacher name(s) and number of years of Cluster teaching experience (Use the back of this form if necessary): _____

e. What are your Seminar program objectives? _____

2. SEMINAR STUDENT IDENTIFICATION

Do you have any questions/comments regarding the identification process?

3. CURRICULUM AND INSTRUCTION

a. What instructional strategies do Seminar teachers at your site incorporate that differentiate Seminar classes from Cluster classes? _____

b. Are there opportunities for Seminar teachers at your site to participate in vertical teaming? Please describe: _____

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4. SOCIAL AND EMOTIONAL NEEDS

- a. What professional development opportunities have counselors and administrators participated in regarding the characteristics of gifted learners and their social/emotional development? Please describe: _____

- b. What on-going counseling services, intervention strategies and support are provided for all Seminar students at your site? _____

- c. How are at-risk Seminar students determined, monitored, and provided with support? _____

- d. What services are provided for Seminar students who are "Twice Exceptional" (e.g. Special Needs, ELL, etc.)? _____

5. PROFESSIONAL DEVELOPMENT

- a. What GATE-specific professional development opportunities have your Seminar teachers attended Recently and how have they used related information/instructional strategies in the classroom? _____

- b. What additional GATE Seminar professional development opportunities would your site like to See offered by the GATE Department? _____

6. PARENT AND COMMUNITY INVOLVEMENT

- a. How does your site involve parents in the Seminar program? _____

- b. Do your Seminar parents attend GATE Department parent meetings? ____Yes ____No
If yes, which ones do they attend? _____

7. PROGRAM ASSESSMENT

- a. Do your Seminar teachers perform any type of program assessment? ____ Yes ____ No
(For example, looking at standardized testing data, grades, school attendance rates, participation in extracurricular activities, number of referrals to student support services, redesignation rates for ELL students, etc.)
If yes, please describe: _____

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8. BUDGET

- a. How is GATE money allocated at your site? (For example, is funding held in a separate budget? Is it combined with other funds into a consolidated program fund? Is GATE funding split evenly among teachers or allocated per student?) _____

- c. How do you use your GATE budget to support the Seminar program objectives? _____

9. ADDITIONAL COMMENTS:
(Please use the reverse side of this form if necessary.)