

**LOS ANGELES UNIFIED SCHOOL DISTRICT
DIVISION OF INSTRUCTION — ADVANCED LEARNING OPTIONS
GIFTED/TALENTED PROGRAMS**



**DUE: At the end of the school year
Return to your child's school**

OPTIONAL

School Year _____

PARENT EVALUATION OF GIFTED/TALENTED PROGRAMS

Background: Under AB2313 parent/guardian participation is required in planning and evaluating Gifted/Talented Programs. We are interested in knowing your reaction to your child's experiences and to your personal involvement in the program during this school year.

Directions: Please complete the evaluation by checking the appropriate box. We value your input which will help us continue to provide the best possible program for your gifted/talented student. Please return this evaluation as soon as possible to the address shown above.

		Always	Sometimes	Rarely	Don't Know
1.	The instruction offered in the following subject areas is challenging and meeting the needs of my GATE student.				
	A. Reading, English / Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. History / Social Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	My student learns and applies effective time management and organization skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The workload expectancies are appropriate for my student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I was adequately informed about the results of my student's screening and admission to the GATE Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	The social and emotional growth of my GATE student has been fostered by his/her teacher(s), counselor, and school environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Parent education activities which address needs and characteristics of GATE students have been offered through in-services, articles sent home, Local District committee, parent-teacher conferences, and GATE parent meetings.				
	A. Parent In-services at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Local District Parent Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. GATE Parent Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The products my student completed reflected his/her highest level of achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	My student received appropriate support needed from his/her teacher(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	My student benefited from the challenge and completion of the required products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	The communication with my student's school regarding his/her progress is satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	The opportunities my student has for enrichment/independent projects/seminars/mini-courses involvement are worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	The instructional staff at the school relates well to the needs and characteristics of GATE students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From Rowland Heights USD, Modified by Los Angeles USD—April 2005

Additional Information:

The specific GATE activities or programs I feel have been the most beneficial this year are:

Print Name of parent/guardian: _____
Home Address _____

Name of child: _____ Grade _____ Today's Date: _____

Name of child's school: _____