



SCHOOL YEAR: _____

PARENT SURVEY

Student _____ **Grade** _____ **Date** _____

School _____ **District** _____

The school would like to have parents of the gifted program give their advice and opinions about the Gifted/Talented Program (GATE). This survey is one of the ways we are collecting that input. Comments will be summarized and used for ongoing planning of the Gifted Program as well as for planning for the coming academic year.

1. What do you like about the Gifted/Talented Program? _____

2. What do you not like about the Gifted/Talented Program? _____

3. What could be incorporated or improved in the Gifted/Talented Program? _____

4. How long has your child(ren) been involved in the Gifted Program? _____

5. Do you have any particular interests or skills you would be able to share with our teachers and students (such as calligraphy, oceanography, travel, geography, computer science)?

Parent/Guardian _____ Home Phone No. (____) _____

Teacher _____

Please return this survey to the GATE Coordinator of your child's school.