

MHPS Gifted and Talented Survey for Parents of *GATE/Pre-AP/AP* Students

State your opinion on the following statements about the *GATE* Pre-AP/AP Program. After answering each item, please record your answers on the scan sheet attached. Thank you for your voluntary participation in this survey. If you have more than one child in *GATE*, please complete a separate survey for each child. Please answer the questions according to the following scale. Please send the completed survey to your child's teacher or central office.

A - Strongly Agree B - Agree C - Disagree D - Strongly Disagree

For the purpose of this survey, *GATE* refers to all identified gifted students grades 3-12.

1. The <i>GATE</i> Program provides challenges for my child to develop critical and creative thinking skills.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
2. The <i>GATE</i> Program has a positive influence on my child's attitude toward school.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
3. I believe the <i>GATE</i> Program has contributed to improving my child's self esteem.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
4. I am provided with appropriate information concerning Mountain Home Public Schools <i>GATE</i> Program.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
5. I believe my child is becoming more of an independent learner by participating in the <i>GATE</i> Program.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
Please respond to the following items if you are a parent of a child in Pre-AP/AP Classes.	
6. I am aware of the differentiation made to meet my child's needs in the classroom.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
7. My child feels that his/her opinions are respected in his/her Pre-AP/AP classroom.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
8. The Pre-AP/AP class lessons allow my child to work at an appropriate level of difficulty.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
9. I feel my child benefits by being grouped with students of similar academic interests and abilities.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
10. I feel that my child is challenged by the content provided in academic areas in the Pre-AP/AP classroom.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
11. I feel the Pre-AP/AP classroom teacher provides positive support for students participating in classrooms.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Please respond to the following items if you are a parent of a child in GATE grades 3-7.

12. I am provided with information about the content of the GATE lessons.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
13. I am concerned that my child misses regular classroom instructional time.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
14. My child has participated in a wide variety of educational activities and projects in GATE.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
15. My child has benefited from using computer technology for research and presentations in GATE.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

What has been the most beneficial thing that has happened to your child as a result of participating in the GATE program?

If you could change something about the GATE program what would it be?

I've had the opportunity to participate in GATE related activities. Yes No

Please list the activities you have participated in:

I am given the opportunity to provide input concerning GATE and my child. Yes No

Do you feel as though your child has trouble completing regular classroom assignments and GATE schoolwork? Please explain.

My child is in the following range:

<input type="radio"/> Elementary age <input type="radio"/> Middle School age <input type="radio"/> Junior High age <input type="radio"/> High School age
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