ADMINISTRATIVE CIRCULAR NO. 20

Office of Leadership and Learning

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: September 1, 2016

To: Elementary and Secondary School Principals

Subject: GIFTED AND TALENTED EDUCATION TEACHER CERTIFICATION

APPLICATION

Department and/or

Persons Concerned: Elementary and Secondary Teachers Requesting Gifted and Talented Education

(GATE) Certification

Due Date: September 21, 2016

Reference: California Code of Regulations Title 5, 3831, Article 7

Action Requested: Announce to faculty and post circular. Duplicate applications (Attachment 1) for

interested candidates for Fall Semester.

Brief Explanation:

California Code of Regulations Title 5, 3831, Article 7 stipulates that all elementary and secondary teachers with a major assignment in the area of gifted education must demonstrate knowledge of appropriate characteristics and skills in this field.

San Diego Unified School District requires GATE certification for **all** GATE Seminar and GATE Cluster teachers. Any teacher with an assignment that requires certification must either hold a GATE certificate, have a waiver (see Attachment 2) on file at the GATE Office and/or have a current application for a certification class on file when he/she begins the assignment. Teachers receive GATE certification by complying with one of the following: a San Diego Unified School District GATE certificate, a graduate certificate in gifted education from an accredited university, or a master's degree in gifted education. Teachers who have earned a graduate certification in gifted education from an accredited university or a master's degree in gifted education must submit the course description and a copy of the certificate or a copy of their master's degree to the GATE Office.

GATE certification for the 2016-2017 school year will *first* be available to *any* teachers *who needs to complete their GATE certification.* If there is space available, any qualified teacher may enroll in either Semester 1-Tier I classes or Semester 2-Tier I classes. Over the two semesters, each major section will be limited to 80 participants. Priority enrollment will be given to teachers assigned to a GATE class. Teachers who have not been previously GATE certified will have first priority.

Please register for GATE certification classes on SDUSD ERO website. Attendance at the initial face to face class at Ballard Center and a check for the \$200.00 fee are required. Site funds may be used to pay the \$200.00 fee. The Expense/Budget Transfer Form is attached (Attachment 3).

Questions about the GATE certification process may be directed to the GATE Office at 858-203-4809.

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Sessions scheduled for 2016-2017

Fall semester date:

Tier I – This class will be conducted predominantly online. There will be one mandatory face-to-face class in conjunction with the online classes. The class will meet at Ballard Center Auditorium on Monday, September 26, from 4:00-5:00 p.m.

Spring semester date:

Tier 1 – This class will be conducted predominantly online. There will be one mandatory face-to-face class in conjunction with the online classes. The class will meet at Ballard Center Auditorium on Wednesday, February 1, from 4:00-5:00 p.m.

Professional Activities: In order to complete GATE Teacher Certification, attendance at a GATE or related conference (e.g., ASDEG-Association of San Diego Educators of the Gifted, CAG-California Association for the Gifted, etc.). Distinguished Lecture Series or other GATE professional development totaling 6 hours is required.

Each applicant must register for the face-to-face class on ERO.

Teachers accepted for GATE certification classes also have the opportunity for salary advancement. Applicants pay \$75.00 for three (3) units of SDUSD salary advancement credit.

APPROVED:

Jim Solo

Executive Director

Office of Leadership and Learning

Attachments (3)

Distribution: Lists A, D, E, and F



ATTACHMENT 1

2016-17 GATE Certification Tier 1 - Fall Session REGISTRATION

Personal Information					
Name:	Employee	e ID:			
School:					
Home Street Address:					
City:	State: CA	Zip:			
Phone:					
Email Address:					
I understand that to become GATE certified i the following:	n the San Diego Unified School	District, I must complete			
1-Take and pass the SDSU GATE Certification	on Tier 1 Course.				
2-Complete 6 hours of supplemental professional Developmental Complete 6 hours of supplemental Complete 6 hours of suppl	-				
3-Apply for District GATE Certification by A criticalthinking@mail.sdsu.edu :	May 19, 2017, by emailing the fol	llowing to:			
-Application for Board of Ed -Proof of attendance of supplemen	lucation Approval of GATE Certintal GATE professional development				
	0. Checks should be made payab School District (SDUSD)/GATE.				
Signature	 Dat	te			

WAIVER FOR NON-CERTIFIED TEACHER(S)

It is my understanding that the teacher(s) listed below are presently not certified to instruct GATE classes. I am requesting a waiver for the teacher(s) below with the understanding they will enroll in and complete a GATE certification class.

TEACHER ID#	TEACHER NAME	SUBJECT/COURSE NO.	SUBJECT/COURSE NAME	# OF PERDIODS (SECONDARY ONLY)	REASON FOR WAIVER
I understand that possible.	t this waive is only valid	d for the current scho	ol year. I will work with the	teacher(s) to ensure that cer	tification will be completed as soon as
Site Name			Site Administrator's Signatu	re Date	
I understand this we that if I do not con Teacher's Signature	nply with the guidelines	he current school year a for GATE teachers, my	and will apply for the next ser y administrator can be asked Date	to move me to another class/	as soon as possible. I also understand section that is not designated GATE.
Teacher's Signature	,		Date		
Teacher's Signature	;		Date	÷	
		GATE OFFICE US	SE ONLY – DO NO WRITI	E BELOW THIS LINE	
Date Received:			Approved:	Not Approved: _	
Reason for no app	oroval:				
GATE Program C	Office		Date		



ATTACHMENT 3

Budget/Expense Transfer Request FY 2016-2017

School	nool:				Date:				
Type of Transfer: Budget									
Reason for Transfer: Please transfer the amount as listed below to pay for GATE Certification course.									
I authorize the Budget Department to transfer expenditures/budgets as listed above. I certify these expenditures/budgets are appropriate to transfer into the resources listed.									
Required Signature:									
Principal's Signature									
From:									
Dept	Resource	BdRf	Account	Program	Class	Fund	Ext	Amount	Teacher's Name
To:									
Dept	Resource	BdRf	Account	Program	Class	Fund	Ext	Amount	Teacher's Name
5370	08000	00	5100	1000	1110	01000	0000	\$200.00	

Return this form to

April Dorman adorman@sandi.net

or mail to: GATE Office, Hawthorne Elementary School, Conference Room 2