

**Delano Union School District
G.A.T.E. Festival Facilitator Application**

Name: _____ **Date:** _____

Current Position: _____ **Site:** _____ **Years Teaching:** _____

Credentials Held: _____

Briefly describe any training or experiences you have had with the GATE Festival.

Describe how you would incorporate specific GATE strategies into this position.

Describe why you would like to be a G.A.T.E. Festival Facilitator.

Teacher Signature

Date

Principal Signature

Date

Return this form to the Personnel Office