



DEADLINE
Please turn all forms in to the Gifted Specialist by _____

**Referral Form for GATE Testing
(Gifted and Talented Education)**

Screening requested by: _____ School Year _____

Student Information: School _____

Student Name: _____ Student ID Number: _____

Birth Date _____ Gender _____ Grade _____ Teacher _____

Check all that apply:
____ ELD ____ IEP ____ 504 Other _____

Gifted Testing History:

Student may only be tested once per calendar year.

Has the child ever been tested or evaluated for a program for the academically talented? _____

If yes, when? _____ Where? _____

Has the child ever been identified or enrolled in a gifted education program in another school or school district?

If yes, when? _____ Where? _____

Please attach any information that will verify previous testing results.

Permission to Test

This must be signed by the parent or legal guardian for testing to occur.

Parent or Guardian Name _____ Telephone _____

Address _____ City _____ Zip Code _____

Email _____

I give permission for my child to be evaluated.

Signature of Parent or Guardian

Date

Observational Checklist

Please circle how often you observe the following behaviors in your student or child.

Behavior or Characteristics		Seldom	Sometimes	Regularly	Often	Almost Always
Imaginative	Makes strong mental images; creates original/unique ideas, colorful and creative problem solving skills	1	2	3	4	5
Abstract Thinker	Easily comprehends complex information by making generalizations and drawing conclusions.	1	2	3	4	5
Connective	Uses previous knowledge and experiences to make meaningful connections to new concepts and ideas	1	2	3	4	5
Independent Thinker	Self starter; creates, devises and completes own set of plans rather than following others	1	2	3	4	5
Reflective	Thoroughly sees an issue or problem before making a decision	1	2	3	4	5
Intense	Intrinsically motivated and highly capable in areas of interest	1	2	3	4	5
Sensitive to Others	Displays empathy for others; feelings hurt easily	1	2	3	4	5
Achievement Need	Strong need to be "the best," likes to be recognized as expert	1	2	3	4	5
Original	Creative, artistic	1	2	3	4	5
Perceptive	Aware and observant	1	2	3	4	5
Fair	Looks out for well being of others; sympathetic, concerned with equity and fairness	1	2	3	4	5
Flexible	Reaches ideas from multiple perspectives; is versatile	1	2	3	4	5
Focused	Remains interested and alert when unfamiliar or complex information is being introduced; long attention span	1	2	3	4	5
Inner Locus	Associates success and failure to personal efforts and ability	1	2	3	4	5
Risk-Taking	Intellectual, emotional and physical risks are easily made	1	2	3	4	5
Curious	Seeks information or answers to satisfy own curiosity, desires to know the why and how	1	2	3	4	5
Persistence	When assigned a task to do consistent about completion and follow thru	1	2	3	4	5
Retentive	Immense retention of information	1	2	3	4	5
Sense of Humor	Understands and appreciates sarcasm, uses and recognizes puns, able to laugh at self	1	2	3	4	5
Independent	Is comfortable with and demonstrates free expression of own ideas and values	1	2	3	4	5
Sub-Totals (Add each column)						
Total (Add column sub-totals)						

How would you rate this child's overall intellectual/academic ability as compared to peers?

_____ Average _____ Good _____ Very Good _____ Superior

Please direct any questions or concerns regarding testing to the Gifted Specialist at your school.