

Parent Referral for GATE Testing

The following student is recommended for GATE testing based on the characteristics indicated below.

Student Name: _____, _____ School: _____ Grade: _____
Last, First

Date of Birth: _____ Gender: _____ Teacher: _____

Home Address: _____

Home Phone: _____ Father's cell phone: _____ Mother's cell phone: _____

Email: _____

Please list any GATE identified siblings (name, grade, and school): _____

Characteristics

The following is a list of characteristics that are found to exist to a large degree among gifted learners. Gifted children may display many of these behaviors. Please check all that apply to your child.

- | | |
|--|--|
| <input type="checkbox"/> Understands complicated concepts and relationships | <input type="checkbox"/> Shows interest in cause-effect relationships |
| <input type="checkbox"/> Combines ideas / materials in unique ways | <input type="checkbox"/> Dominates discussions and/or is a natural leader |
| <input type="checkbox"/> Is a critical thinker; more engaged when the mind is challenged with complex work | <input type="checkbox"/> Easily absorbs, retains, and recalls information |
| <input type="checkbox"/> Is perceptive and keenly observant | <input type="checkbox"/> Is capable of intense effort and concentration |
| <input type="checkbox"/> Asks penetrating questions (wants to know the "why" of things) | <input type="checkbox"/> Resists rules, routine, drill, and review |
| <input type="checkbox"/> Is creative/inventive; may seek unusual or unique approach to a problem | <input type="checkbox"/> Is critical of self and/or others; impatient with failures |
| <input type="checkbox"/> Uses advanced vocabulary or ideas for his/her age | <input type="checkbox"/> Demonstrates power of abstraction, conceptualization, and problem solving |
| <input type="checkbox"/> Was self-taught/early fluent reader | <input type="checkbox"/> Refuses to accept authority; non-conforming |
| <input type="checkbox"/> It is difficult to get him/her to move on to another topic or activity | <input type="checkbox"/> Physical or learning disability _____ |
| <input type="checkbox"/> Not interested in certain details such as neatness of paperwork | <input type="checkbox"/> Often disagrees vocally with others including the teacher or parent |
| | <input type="checkbox"/> Makes jokes or puns at inappropriate times |
| | <input type="checkbox"/> Emotionally sensitive. |

Additional information: _____

My child may be given a test as part of the identification process for the Gifted and Talented Education program.

Parent signature: _____ Date: _____

<p>PARENT REFERRAL DEADLINES MAY 1 – Summer Testing Cycle DECEMBER 1 – Winter Testing Cycle</p>
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Return to the GATE Office by mail:
GGUSD GATE Office
10331 Stanford Avenue
Garden Grove, CA 92840
Phone: (714) 663-6488