



# GATE

## REFERRAL APPLICATION

Please print all information, unless signature requested.

### PARENT PERMISSION Required to Initiate GATE Evaluation and Participation.

I give my consent for \_\_\_\_\_  
(Print child's name)

to be evaluated for the Gifted and Talented Education Program using the Otis-Lennon School Ability Test (OLSAT). I understand that if my child does not qualify after being tested, he/she must wait two years to be tested again.

If my child is found to be eligible, I give my consent to participate in the GATE Program at his/her school. \_\_\_\_\_  
Signature of Parent or Guardian Date

### REFERRAL FOR STUDENT EVALUATION

— Section I\*, may be completed by parent; Sections II and III to be completed by appropriate school staff.

\*I. **General Information:** Please fill in information for current school year.

\*Name \_\_\_\_\_ \*Birthdate \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*ZIP Code \_\_\_\_\_  
\*Parents' Names \_\_\_\_\_ \*Phone \_\_\_\_\_  
\*School \_\_\_\_\_ \*Grade \_\_\_\_\_ \*Teacher \_\_\_\_\_ Room \_\_\_\_\_  
Ethnicity \_\_\_\_\_ ELD Code \_\_\_\_\_  
\*Has student ever been GATE certified? \_\_\_\_\_ \*If yes, when? \_\_\_\_\_  
\*Where? \_\_\_\_\_

II. **Standardized Academic Test Scores:**

Test Name STAR & CST Place/Date Administered \_\_\_\_\_  
Test Scores : Total ELA \_\_\_\_\_ Total Mathematics \_\_\_\_\_  
(If no scores available check here \_\_\_\_\_)

III. **Additional Ability Testing Data:** (Attach official report of test results.)

Name of Test \_\_\_\_\_ Place/Date Administered \_\_\_\_\_  
Test Scores: Verbal/C.A. \_\_\_\_\_ Performance/M.A. \_\_\_\_\_ Full Scale \_\_\_\_\_  
Additional Test Information:

IV. **Required Signatures:**

\_\_\_\_\_  
Signature of Person Making Referral **Required:** Principal's Signature Date

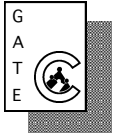
V. **Group/Individual Intelligence Test Results:** (Section V to be completed only by GATE office)

Name of Test	Date	Grade		Total	Verbal	Nonverbal
Otis-Lennon School Ability Test			SAI:			
			%			

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\*Parent Questionnaire on reverse side should be completed by parent before submission.



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### PARENT QUESTIONNAIRE

Please print all information, unless signature requested.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Telephone Number \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Teacher \_\_\_\_\_

Parents are encouraged to submit a completed questionnaire as part of this referral information. Please help us by sharing evidence of your child's giftedness.

I. What special interests and skills does your child have? Give specific examples of behavior that illustrates these areas.

II. What else would you like us to know to assist us in assessing your child?

III. Additional testing information:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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