



DEADLINE

Please turn all forms in to the Gifted Specialist Mark Martinez no later than: August 13, 2013

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

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