



**This form is to be completed by the parent/guardian of a student in grades 4-12 who would like their child to be screened for possible inclusion in the district's Gifted and Talented Education (GATE) program. This form should be submitted to the GATE Coordinator.**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

Referring Parent/Guardian: \_\_\_\_\_

**Please check the area(s) for which you are referring this student:**

AREA(S) OF IDENTIFICATION		
<input type="checkbox"/> General Intellectual Ability	<input type="checkbox"/> Specific Academic Aptitude	<input type="checkbox"/> Visual and Performing Arts
<input type="checkbox"/> Creativity	<input type="checkbox"/> Reading/Language Arts <input type="checkbox"/> Math	<input type="checkbox"/> Dance <input type="checkbox"/> Drama
<input type="checkbox"/> Leadership	<input type="checkbox"/> Social Studies <input type="checkbox"/> Science	<input type="checkbox"/> Art <input type="checkbox"/> Music

**Please give a brief statement as to why you feel this student should be considered for the GATE program:**

---

---

---

---

---

[illegible]