Gifted & Talented Education Screening Referral – Parent Form

Directions for completing the Referral Packet:

1. Complete the Student Personal Information below.
2. For non-SCUSD students - Copy and attach any additional documentation *(report cards, academic assessments, state testing results, out of state or district Gifted Identification documentation, etc.)*
3. Send the requested materials to the address listed below:
   a. Referral Form
   b. Additional Documentation, if available
4. Upon receipt of the completed Referral Packet, you will be contacted by the GATE Department to schedule the GATE Services screening session.

Sacramento City Unified School District
GATE Department, Box 754
5735 47th Avenue
Sacramento, CA 95824
Kari-Lofing@scusd.edu
(916) 643-9427

Student Personal Information:

Student's Name: _____   Grade: _____   Birth Date: _____

School: _____   Teacher Name: _____

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____   email: _____

SCUSD Student Identification #: _____   Ethnicity (optional): _____

Home Language: _____   English Learner Status (if applicable): _____

I give permission for my child to be screened for Gifted and Talented Education (GATE) Services. I understand that these services may include the administration of individual intelligence, neuropsychological, achievement, aptitude, and/or projective tests or scales given by fully qualifies personnel, and that upon my request a conference will be arranged to discuss the conclusions and recommendations resulting from the service.

I understand that students in SCUSD will only be screened for GATE services three times during their school years. Screening does not happen after grade 6.

Parent/Guardian Signature: _____   Date: _____