



Gifted and Talented Education
 Sacramento City Unified School District
Teacher Referral Form
GRADE ONE ONLY

Directions for Completing the Referral Packet:

1. Complete the Student Personal Information below.
2. Complete Teacher Input of Specific Academic Data and Teacher Input of Impact Factors below.
3. Complete the Teacher Checklist.
4. Ask the parent to complete the Parent Checklist. If the parent is non-English speaking (Hmong, Mien, Russian, Spanish, Vietnamese, Mandarin, or Cantonese), provide the Parent Checklist in the parent's native language.
5. Send the Completed Referral Packet (Referral Form, Teacher Checklist, Parent Checklist) to:
 GATE Office, Box 754.

Student Personal Information:

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

Student Identification Number in Zangle _____ Ethnicity: _____

School: _____

Home Language: _____ CELDT Level (if applicable): _____

Teacher's Name (Print) _____ Teacher's Signature _____

TEACHER INPUT OF ACADEMIC ACHIEVEMENT DATA

First Grade Benchmark Data			
	Benchmark #1	Benchmark #2	Benchmark #3
Benchmark Writing Task			
Benchmark ELA	%	%	%
Benchmark Math	%	%	%

TEACHER INPUT OF IMPACT FACTORS

Impact Factor	Impact Area	Circle
Economic	Does the child receive free and reduced lunch?	No Yes
Learning Disability	Do you believe that a learning disability may limit this student's performance?	No Yes
Psychological or Social Issues	Do you believe that psychological or social/emotional issues may limit this student's performance? (e.g. behavior, ADHD, Aspergers Syndrome)	No Yes
English Learner	Is the student an English Learner?	No Yes
Underrepresented Populations	African American Hispanic Southeast Asian	No Yes