



Gifted & Talented Education Screening Referral – Teacher Form

Directions for completing the Referral Packet:

1. Complete the Student Personal Information below.
2. Parents will be asked to sign the last portion on the day of screening.
3. Copy and attach any additional documentation (*academic assessments, CAASSP test results, out of state or district Gifted Identification documentation, etc.*)
4. Send the requested materials to the address listed below:
 - a. Referral Form
 - b. HOPE Rating Scale
 - c. Additional Documentation, if available
5. Upon receipt of the completed Referral Packet, the parents 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
 Fax: (916) 399-2020
Kari-Hanson-Smith@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: _____

Student Identification #: _____ Ethnicity: _____

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

To Be Completed by Parent:

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 qualified 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: _____



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