



# GATE Referral Form

## 5th-8th grade

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Home Language \_\_\_\_\_ ELL: Yes No RFEP

Person referring student: Teacher Parent Student Date of referral: \_\_\_\_\_

Please indicate all the areas in which the student shows talent:

- |                                  |                                             |                                         |
|----------------------------------|---------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Math    | <input type="checkbox"/> Learning languages | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Science | <input type="checkbox"/> Creative writing   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Arts               |                                         |

Bottom section to be filled out by **Teacher only**:

Grade			
Year			
CAASPP ELA			
CAASPP Math			

**ELL student referrals:**

Some second language learners acquire and demonstrate advanced English language skills at a faster rate. Please work with the EL Coordinator for your site to gather more information if you feel a GATE referral should be made.

Comments: \_\_\_\_\_