



# Gifted & Talented Education Screening Referral – Parent Form

## **Directions for completing the Referral Packet:**

1. Complete the Student Personal Information below.
2. 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 47<sup>th</sup> Avenue  
Sacramento, CA 95824  
[Kari-Lofing@scusd.edu](mailto: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: \_\_\_\_\_

Student Identification #: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Language: \_\_\_\_\_ CELDT Level (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 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: \_\_\_\_\_