



**Gifted and Talented Education (GATE) Program
PARENT REFERRAL & PERMISSION FORM and RATING SCALE**

Campus: _____

Student's Name: _____, _____, _____ Grade: _____
(Last) (First) (MI)

Date of Birth: _____ Gender: Male Female
Mm dd yyyy

- Has the student received GT services before? If Yes, School Name? _____ When? _____
- Please provide any supportive documentation (certificates, awards, etc.).
- Please carefully review the below rating items and rate the student objectively as the score will be used in the identification process.

	0	1	2	3	4	5
Intellectual Ability	Not observed	Poor	Below Avg.	Average	Above Avg.	Superior
Comprehends abstract ideas and concepts						
Considers concepts, situations, or problems in which he/she has no personal experience						
Makes quick and valid generalizations and uses them in new situations						
Sees cause and effect						
Chooses and enjoys challenging tasks or problems						
Demonstrates great curiosity; asks how, why, and what if						
Chooses original methods and produces innovative products						
Is keenly observant						

	0	1	2	3	4	5
Social/Emotional/Behavioral	Not observed	Poor	Below Avg.	Average	Above Avg.	Superior
Perfectionism						
Strong Ideas/Beliefs/Opinions (i.e., feels strongly about topics he/she has studied in-depth; can persuasively articulate opinions, etc.; not necessarily argumentative)						
Questions Authority Motivation for and Intense Focus on Tasks (especially for tasks of own choosing) Subtle Sense of Humor/Original Jokes and Puns						
Sensitive to the Needs of Others						

	0	1	2	3	4	5
Academic Skills: Verbal/Linguistic	Not observed	Poor	Below Avg.	Average	Above Avg.	Superior
Uses an extensive vocabulary precisely and appropriately						
Is an avid reader of books beyond grade-level						
Is motivated to write even when writing is not assigned (i.e. stories, poems, journal, diary, etc.)						
Recognizes authors' or speakers' points of view, moods, or intentions						
Spells words accurately that are advanced for age						

	0	1	2	3	4	5
Academic Skills: Logical/Mathematical	Not observed	Poor	Below Avg.	Average	Above Avg.	Superior
Asks many questions about how things work						
Computes arithmetic problems in head quickly (or if at primary level, grasps advanced math concepts for age)						
Plays chess, checkers, or other strategy games						
Enjoys putting things in categories or hierarchies						
Sometimes solves problems intuitively, then may not be able to explain the solution						

Additional Comments: _____

I, _____, parent of _____, would like to refer my child for the GATE Program. I also understand this nomination does not mean my child will be placed automatically in the GATE Program. I give consent that my child be tested and evaluated for the program.

Please also select one of the options below.

In case my child is identified as Gifted and Talented:

I give permission for my child to participate in Harmony Public Schools GATE Program. I understand that participation in this program is voluntary and periodic reviews of my child's progress will be conducted. Services will start on _____ (to be filled out by GT Campus Coordinator).

I do **not** give permission for my child's placement in Harmony Public Schools GATE Program.

Parent Signature: _____

Date: ___/___/___

OFFICE USE ONLY
Total points: ___ / 110