



GATE Testing Referral Form -- Teacher

Teacher completing this form: _____

Child's Name: _____

Child's Date of Birth: ____ / ____ / ____ Sex: __ M __ F Current Grade: ____

Most Recent Standardized or Local Achievement Test Results:

California Standards Test (CST)

Year _____

Proficiency Level:

Reading _____

Math _____

Science _____

NWEA

Testing Session /Year _____

Reading Proficiency Level ____ RIT Score ____

Math Proficiency Level ____ RIT Score ____

Language Arts (if applicable)

Proficiency Level ____ RIT Score ____

CELDT (if applicable): Year _____ Overall Score: _____

WCS GATE Testing Referral Form -- Teacher

Please rate student in these areas:

		1	2	3	4	5	
		Very Rarely		Rarely		Sometimes	
				Often		Very Often	
Humor	Keen sense of comical, bizarre, absurd	1	2	3	4	5	
Motivation	Intense desire to know, do, feel, create, or understand	1	2	3	4	5	
Interests	Passionate interests, including unusual or Short-lived interests	1	2	3	4	5	
Expressions	Extraordinary ability to convey meaning or emotion through words, actions, symbols, sounds, art	1	2	3	4	5	
Curiosity	Explores, observes intensity, or experiments with events, objects, ideas, feelings, sounds, art	1	2	3	4	5	
Problem Solving	Brings order to chaos: invents and finds unique solutions, enjoys solving problems	1	2	3	4	5	
Sensitivity	Perceptive, sensitive, and intuitive about reading and responding to situations	1	2	3	4	5	
Intuition	Recognizes connections and deeper meanings easily	1	2	3	4	5	
Reason & Logic	Thinks and organizes thoughts, implications and alternatives; goal-oriented thought processes.	1	2	3	4	5	
Imagination	Ingenious solutions, unique use of ideas, processed, materials	1	2	3	4	5	
Memory & Knowledge	Remembers, integrates, and retain information or skills	1	2	3	4	5	
Fast Learner	Grasps and performs sophisticated concepts and tasks quickly and easily	1	2	3	4	5	
Social & ethical concerns	Concerned with fairness and justice, interested in remedying injustices or concerned about the consequences of his/her actions	1	2	3	4	5	

List any concerns you have about this child:

Would you recommend this student for GATE Testing or placement?

without reservations
 Yes
 No

Teacher Signature: X _____ Date: _____