

El Monte City School District  
3540 N. Lexington Avenue  
El Monte, CA. 91731-2684  
(626) 575-2331 Chantal Cravens, GATE

Form 2G-0011

Identification Report for G.A.T.E. Program

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Category: **INTELLECTUAL ABILITY- 0011**

Date of evaluation for G.A.T.E. Identification: \_\_\_\_\_



\_\_\_\_\_ was referred for possible G.A.T.E. Identification by his/her \_\_\_\_\_.

Please refer to the attached Referral Checklist. He/she was evaluated by a set of District Criteria that indicates his/her intellectual development is significantly advanced in relation to his/her chronological peers.

TEST:

WISC IV \_\_\_\_\_  
Verbal Comprehension \_\_\_\_\_  
Perceptual Reasoning \_\_\_\_\_  
Working Memory \_\_\_\_\_  
Processing Speed: \_\_\_\_\_  
Full Scale: \_\_\_\_\_

Leiter-R \_\_\_\_\_  
KABC II: \_\_\_\_\_  
RAVENS: \_\_\_\_\_

As a result of classroom observation and/or teacher interview, it can be stated that \_\_\_\_\_ exhibits the following characteristics:

- \_\_\_\_\_ Retains extraordinary amounts of information
- \_\_\_\_\_ Shows unusual interest and curiosity
- \_\_\_\_\_ Exhibits advanced verbal fluency, vocabulary development and expression
- \_\_\_\_\_ Has an accelerated pace of thought and the ability to process information
- \_\_\_\_\_ Exhibits goal directed behavior and earlier development of self-motivation, self-control and self-direction
- \_\_\_\_\_ Has the ability to think in terms of abstract terms, alternatives, generalizations, and senses consequences
- \_\_\_\_\_ Exhibits a mature sense of humor
- \_\_\_\_\_ Special Ability- Please explain: \_\_\_\_\_

According to our team evaluation, \_\_\_\_\_ does/does not meet the criteria needed to qualify for our District G.A.T.E. Program under the category of INTELLECTUAL ABILITY.

Psychologist: \_\_\_\_\_

Please fill out completely, and send this form to Wendy Gebhardt, District Office- Payroll Department, on the date of identification.

For Office Use only: 1 2 3 4 5 6 7 Sex: M F

STATE REQUIRED INFORMATION	
Language Identification: FEP _____ LEP _____ Language _____	
Non English Speaking Home: <input type="checkbox"/>	Free Lunch Ticket: <input type="checkbox"/> <input type="checkbox"/>

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**Form 2H- 0021**  
**Identification Report for G.A.T.E. Program**

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Category: **High Achievement- 0021**

Date of evaluation for G.A.T.E. Identification: \_\_\_\_\_



\_\_\_\_\_ was referred for possible G.A.T.E. Identification by his/her \_\_\_\_\_.  
 Please refer to the attached **Referral Checklist**. He/she was evaluated by a set of District Criteria that indicates he/she consistently functions independently at high levels in reading and/or language or math.

CST Scores Two Years			
Subject	Year:	Year:	Year:
ELA			
Math			

Grade Point Average	
Year:	GPA:
Year:	GPA:

As a result of classroom observation and/or teacher interview, it can be stated that \_\_\_\_\_ exhibits the following characteristics:

- \_\_\_\_\_ Prefers the complex to the obvious
- \_\_\_\_\_ Memorizes school work with little or no drill
- \_\_\_\_\_ Is goal and product oriented
- \_\_\_\_\_ Shows self-direction and motivation, perseverance and competitiveness
- \_\_\_\_\_ Demonstrates a high energy level
- \_\_\_\_\_ Long attention span for classroom assignments
- \_\_\_\_\_ Is enthusiastic about school demands
- \_\_\_\_\_ Outstanding attendance
- \_\_\_\_\_ Special Ability- Please explain: \_\_\_\_\_

According to our team evaluation, \_\_\_\_\_ does/does not meet the criteria needed to qualify for our District G.A.T.E. Program under the category of **High Achievement**.

Psychologist: \_\_\_\_\_

**For Office Use only:**    1       2       3       4       5       6       7       Sex: M    F

**STATE REQUIRED INFORMATION**

Language Identification: FEP\_\_LEP\_\_ RFEP\_\_ EO \_\_ Language\_\_\_\_\_

Non English Speaking Home: \_\_YES \_\_NO    Free Lunch Ticket: \_\_YES \_\_NO

**El Monte City School District**  
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**Form 2I- 0032**  
**Identification Report for G.A.T.E. Program**

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher: \_\_\_\_\_  
DOB: \_\_\_\_\_ Date Admitted to the Program: \_\_\_\_\_

Category: **SPECIFIC ACADEMIC ACHIEVEMENT- 0032**

\_\_\_\_\_ was referred for possible GATE identification by his/her  
\_\_\_\_\_. Please refer to attached Referral Checklist. He/she was evaluated by a set of  
District Criteria that indicates he/she functions at a highly advanced academic level in a particular area.



GPA- last two years	
year	GPA

CST Scores Two Years			
Subject	Year:	Year:	Year:
ELA			
Math			

As a result of classroom observation and/or by the teacher interview, it can be stated that \_\_\_\_\_  
exhibits the following characteristics:

- \_\_\_\_\_ Retains extraordinary amounts of information in one specific area.
- \_\_\_\_\_ Has an accelerated pace of thought and the ability to process information in one specific area.
- \_\_\_\_\_ Exhibits goal directed behavior and earlier development of self-motivation, self-direction, and self-control.
- \_\_\_\_\_ Special ability- Please explain:  
\_\_\_\_\_

According to the results of our evaluation team, \_\_\_\_\_ does/does not meet the criteria  
needed to qualify for our District GATE Program under the category for Specific Academic Ability.

<b>STATE REQUIRED INFORMATION</b> Language Identification: FEP ___ LEP ___ RFEP ___ EO ___ Language _____ Non English Speaking Home: ___ YES ___ NO Free Lunch Ticket: ___ Yes ___ No
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**For Office Use only: 1      2      3      4      5      6      7      Sex: M   F**

Psychologist: \_\_\_\_\_



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**Form 2J-0041**  
**SITUATIONAL PLACEMENT**  
**Identification Report**

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Student's Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Date admitted to GATE Program: \_\_\_\_\_  
 Category: **SITUATIONAL PLACEMENT- 0041**

\_\_\_\_\_ was referred for possible **GATE identification** by his/her  
 \_\_\_\_\_. Please refer to attached **Referral Checklist** and **TABS Observation Sheet** and/or  
**Parent Inventory** and/or **Leadership Checklist** or **Artistic Ability Checklist**. A portfolio of  
 \_\_\_\_\_ current academic work in the area/s checked below was/were reviewed for indications of  
 GATE Potential:

Math _____ Language Arts _____ Science _____ Social Studies _____ Other _____
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In addition, \_\_\_\_\_, exhibits the following special ability:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

According to the results of our evaluation team, \_\_\_\_\_ does/does not meet  
 the criteria needed to qualify for our District GATE Program under the category for **SITUATIONAL  
 PLACEMENT**.

Psychologist: \_\_\_\_\_

Please fill out completely, and send this form to Chantal Cravens, GATE Specialist on the date of identification.

<b>STATE REQUIRED INFORMATION</b>	
Language Identification: FEP _____ LEP _____ RFEP _____ EO _____	_____ Language _____
Non English Speaking Home: _____ YES _____ NO	Free Lunch Ticket: ___ Yes ___ No

**For Office Use only: 1      2      3      4      5      6      7      Sex: M   F**

Form 2K-  
**G.A.T.E. Program Psychologist Report Cover Sheet**  
 El Monte City School District  
 3540 N. Lexington Avenue  
 El Monte, CA. 91731  
 (626) 575-2331 Chantal Cravens, GATE



Student Name \_\_\_\_\_ ID# \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_ Teacher \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Date admitted to the program \_\_\_\_/\_\_\_\_/\_\_\_\_

Category: Circle one of the following:

Intellectual Ability	0011	High Achievement	0021
Specific Academic Ability	0032	Situational Placement	0041

Criteria:

\_\_\_ Intellectual  
 \_\_\_ High Achievement  
 \_\_\_ Specific Academic Area: \_\_\_\_\_  
 \_\_\_ Situational

Test:

WISC IV \_\_\_\_  
 Verbal Comprehension \_\_\_\_  
 Perceptual Reasoning \_\_\_\_  
 Working Memory \_\_\_\_  
 Processing Speed \_\_\_\_  
 Leiter \_\_\_\_  
 KABC II \_\_\_\_

CST Scores Two Years			
Subject	Year:	Year:	Year:
ELA			
Math			

Grade Point Average	
Year:	GPA:
Year:	GPA:

RAVENS  
 S \_\_\_\_

\_\_\_ Special Ability, Please explain: \_\_\_\_\_

**STATE REQUIRED INFORMATION**

Language Identification: FEP \_\_\_\_ LEP \_\_\_\_ RFEP \_\_\_\_ EO \_\_\_\_ Language \_\_\_\_\_  
 Non English Speaking Home: \_\_\_\_ YES \_\_\_\_ NO Free Lunch Ticket: \_\_\_\_ Yes \_\_\_\_ No

**For Office Use only: 1 2 3 4 5 6 7 Sex: M F**

Please fill out completely, and send this form to Chantal Cravens, GATE Specialist on the date of identification.