(626) 575-2331 Chantal Cravens, GATE

Form 2G-0011

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

Student's Name:	Student ID#:		_	AL MONTE CITY
School:Grade:_	Room #:	Teacher:		
Date of Birth: Category: IN7	TELLECTUAL	ABILITY- 0	011	
Date of evaluation for G.A.T.E. Identification:		_		SCHOOL DISTRICT
was referred for pos	ssible G.A.T.E. Ident	ification by his/her		
Please refer to the attached Referral Checklist. He development is significantly advanced in relation			: Criteria that indicate	s his/her intellectual
TEST:				
WISC IV Verbal Comprehension Perceptual Reasoning Working Memory Processing Speed: Full Scale:	KABC II: _		-	-
As a result of classroom observation and/or teach characteristics:	her interview, it can b	oe stated that		exhibits the following
Retains extraordinary amounts of information Shows unusual interest and curiosity Exhibits advanced verbal fluency, vocable Has and accelerated pace of thought and Exhibits goal directed behavior and earlied Has the ability to think in terms of abstract Exhibits a mature sense of humor Special Ability- Please explain:	ulary development and the ability to processer development of sect terms, alternatives	es information olf-motivation, self-co generalizations, a	nd senses conseque	ion nces
According to our team evaluation,			meet the criteria need	led to qualify for our
Psychologist:				
Please fill out completely, and send this form to V	Vendy Gebhardt, Dis	strict Office- Payroll	Department, on the	date of identification.
For Office Use only: 1 2 3	4 5 (5 7	Sex: M F	
STATE REQUIRED INFORMATION Language Identification: FEP Non English Speaking Home:				-]

Revised May 4, 2005 CMC

(626) 575-2331 Chantal Cravens, GATE

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

Student's	Name:		Student II	D#:		AL MONTE CITY	
School: _		Grade:	Room #:	Teacher:			
Date of B	rth:	Categ	ory: High A	chievem	ent- 0021		
Date of ev	aluation for G.A.T	T.E. Identificati	on:			TOOL DISTRI	
	er to the attached I ly functions indepe	Referral Check	klist. He/she was	evaluated by a		iteria that indicates he/she	;
	CST Sco	ores Two Yea	ars				
Subjec	et Year:	Year:	Year:	Grade	e Point Averag	e.	
ELA				Year:	GPA:		
Math				Year:	GPA:		
exhibits Pre Me Is g She De Lo Is c Ou Spe According	fers the complex to a morizes school work goal and product ories ows self-direction an monstrates a high en an attention span for enthusiastic about soltstanding attendance ecial Ability- Please to our team evaluate G.A.T.E. Program	the obvious the obvious with little or no ented d motivation, pe ergy level classroom assignool demands explain: ation,	drill rseverance and connments	npetitiveness do	es/does not meet	the criteria needed to qua	_ _ lify for
For Offic	e Use only: 1	2 3	4 5	6 7	Sex: M	F	
		S	TATE REQUIR	RED INFORM	ATION		
	Language Identi						
	Non English Spe	eaking Home: _	YES N	O Free Lunch	n Ticket:YES	SNO	

(626) 575-2331 Chantal Cravens, GATE

Form 2I- 0032 Identification Report for G.A.T.E. Program

	me:		St	udent ID	#:		
School:		Grade:	Room:		Teacher:		
DOB:		Date Admitt	ed to the Pro	ogram:			
	Plea	wase refer to attached e/she functions at a	as referred for Referral Check	possible GA klist. He/sh	ATE identifica e was evaluate	tion by his/her	N. C.
GPA- last two	years			CST Sco	res Two Y	ears	CHOOL D
year	GPA	Subje	ct	Year:	Year:	Year:	
		ELA					
		Math					
		Madi					
	goal directed be ability- Please ex	chavior and earlier of the captain:	levelopment of	self-motiva	tion, self-dire	ction, and self-co	ntrol.
						- 	
		evaluation team,					meet the criter
needed to qualit			————	ory for Spec	eific Academic	Ability.	
TATE REQUIRE	ED INFORMAT					•	
TATE REQUIRE	ED INFORMAT cation: FEPking Home:	TION _ LEP RFEP _ _ YESNO _ 1		Language_ ket:Yes	No	•	



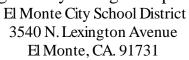
(626) 575-2331 Chantal Cravens, GATE

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

Student's Name:	Student ID#
	Student ID# Grade: Room: Teacher:
	Date admitted to GATE Program:
Category: SITU	ATIONAL PLACEMENT- 0041
	was referred for possible GATE identification by his/her
	Please refer to attached Referral Checklist and TABS Observation Sheet and/or
Parent Inventor	y 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
	Other
In addition,	, exhibits the following special ability:
According to the the criteria neede	
According to the	
According to the the criteria neede PLACEMENT .	
According to the the criteria neede PLACEMENT .	
According to the the criteria neede PLACEMENT. Psychol	
According to the the criteria neede PLACEMENT. Psychol	
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According to the the criteria neede PLACEMENT. Psychol	
According to the the criteria neede PLACEMENT. Psychol Please fill out comple	
According to the the criteria neede PLACEMENT. Psychol Please fill out comple	
According to the the criteria neede PLACEMENT. Psychol Please fill out comple	results of our evaluation team,

Form 2K-

G.A.T.E. Program Psychologist Report Cover Sheet





(626) 575-2331 Chantal Cravens, GATE

Grade	Room	_Teacher	
dmitted to the pro	ogram/_	/	
11			0021 0041
	Verba Perceptual R Worl Processin Leiter_	al Comprehent easoning king Memory_ g Speed	
Years	Grade	e Point Avera	RAVENS S
Year:	Year:	GPA:	
	rear.	Ol A.	
n:			
	GradeGradedmitted to the proving: 11 32 Years Year:	Grade Room	Grade Room Teacher dmitted to the program / / wing: 11

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