|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT’S FULL NAME:  |  | DOB: |  |
| SCHOOL: |  | RACE: |  |
| GRADE: |  | GRADUATION YEAR: |  |
| MAILING ADDRESS: |  |
| HOME PHONE: |  | CELL PHONE: |  |
| MOTHER’S NAME: |  | WORK PHONE: |  |
| FATHER’S NAME: |  | WORK PHONE: |  |
| GUARDIAN’S NAME: |  | WORK PHONE: |  |
| STUDENT RESIDES WITH: (CIRCLE) MOTHER FATHER GRANDPARENT GUARDIAN |
| ANY KNOWN ALLERGIES OF WHICH THE GIFTED SERVICES SHOULD BE ADVISED: |
|  |
|  |
|  |
| REFERRING SOURCE: |  |
| RELATIONSHIP TO STUDENT: |  |

Please turn this form into your child’s school counselor or principal once completed. He or she will give it to the Gifted Testing Specialist.

**PARENTAL PERMISSION**

|  |  |  |
| --- | --- | --- |
| I give **PERMISSION** for Mecklenburg County Public Schools to process with the evaluation of my child to determine if he/she is eligible for gifted services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |  | I **DO NOT GIVE PERMISSION** for Mecklenburg County Public Schools to process with the evaluation of my child to determine if he/she is eligible for gifted services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

# **Parent GATE Referral Questionnaire**

(Please print)

Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent *(please print)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Your responses are an important part of the screening process. We appreciate the time you have taken to complete this questionnaire.***

**Narrative Section**

Please answer the following questions:

**What is the greatest strength of this child?**

 **What is the greatest weakness of this child?**

Please make comments, where appropriate, on any of the following. Your child’s:

* Unusual accomplishments-present or past
* Special talents
* Relationships with others
* Special hobbies or interests
* Language/cultural background
* Preferred activities when alone

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**Directions:**

*Please mark the appropriate box for each statement.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Child:** | **NOT OBSERVED** | **OCCASIONALLY** | **FREQUENTLY** |
| **Has advanced vocabulary, expresses self clearly and fluently.**  |  |  |  |
| **Produces many ideas and is highly curious.** |  |  |  |
| **Completes familiar activities in new and unusual ways.** |  |  |  |
| **Quickly grasps new concepts and makes connections; senses deeper meaning.** |  |  |  |
| **Figures out his or her own solutions to problems and reaches conclusions in unusual ways.** |  |  |  |
| **Creates new designs and inventions.** |  |  |  |
| **Thinks critically. Makes generalizations and thinks things through in a logical manner.**  |  |  |  |
| **Asks unusual questions for age and plays around with ideas.** |  |  |  |
| **Uses and understands sophisticated humor and has an exceptional sense of timing in words and gestures. Sees everyday problems and situations in a humorous way.** |  |  |  |
| **Possesses a wealth of information about school or non-school topics.** |  |  |  |
| **Understands and remembers ideas.** |  |  |  |
| **Demonstrates unusual and advanced interests in a topic or activity. Pursues an activity unceasingly.** |  |  |  |
| **Demonstrates persistence in pursuing and completing self-selected tasks.** |  |  |  |

**Additional comments:**

**­­­­­­­­­­­­­­­­­­­­­­­­**