

Form 2K is the Psychologist Report Cover Sheet

El Monte City School District
3540 N. Lexington Avenue
El Monte, CA. 91731-2684
(626) 575-2308 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 _____ Leiter-R _____
Verbal Comprehension _____ KABC II: _____
Perceptual Reasoning _____
Working Memory _____
Processing Speed: _____
Full Scale: _____

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		
Subject	Year:	Year:
Language		
Math		

Spring Benchmark	
Subject	Year:
Math	
Language	

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

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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.

Spring Benchmark	
Subject	Year:
Math	
Language	

CST Scores		
Subject	Year:	Year:
Language		
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.

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

Psychologist: _____

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Form 2J-0041
SITUATIONAL PLACEMENT
Identification Report

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 _____

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.

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

