



Gilroy Unified School District
Gifted and Talented Education Referral Form

GUS #72

Date Received:

General Information

Student Name _____ Birthdate _____
(Last) (First) Mo. Day Year

School _____ Grade _____ Gender _____

Mailing Address _____ City _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Primary Language _____

Standardized and Classroom Assessment Information				
Year	ELA	Assessment	Math	Assessment

Reasons for referral:

Student has been identified in another district Yes No
Student has been tested for Special Education Yes No
Student has been previously tested for GATE Yes No If yes, in which grade _____

Parent Signature

Date

Teacher Signature

Date

Please return this form to Lisa Lorona, Specialized Programs Administrator.
E-Mail: lisa.lorona@gilroyunified.org Phone number (669) (669) 205-4041