OXNARD SCHOOL DISTRICT
1051 South A Street Oxnard, CA 93030 • (805) 385-1501 • www.oxnardsd.org

GATE REFERRAL

Student's First & Last Name _____ **Date of Birth** _____ **Grade** _____

School_____ **Local ID** _____ **Today's Date** _____

Referred by (*check off*): ☐ Teacher: _____ ☐ Parent/Guardian ☐ Other _____

DIRECTIONS: Read each statement and carefully indicate the degree to which the characteristic is observed by placing a check mark in the appropriate box.

	Consistently	Frequently	Occasionally	Seldom	Never
ACADEMIC / ACHIEVEMENT					
1. Possesses an unusual amount of information for his/her age within subject areas(s)					
2. Grasps and retains knowledge without drill and repetition					
3. Achieves well above grade level in academic areas					
4. Excellent and avid reader					
INTELLECTUAL / LEARNING					
1. Learns easily, quickly					
2. Develops structures and organization. Invents original systems					
3. Probes beyond "how" and "what" to the "why" in his/her questioning					
4. Demonstrates powers of abstraction, conceptualization, syntheses and problem-solving					
5. Demonstrates understanding of concepts beyond his/her age level					
6. Uses advanced vocabulary for his/her age in appropriate ways					
7. Exhibits keen powers of observation					
8. Is able to reason through complicated tasks					
MOTIVATION					
1. Relishes situations which require complex problem solving					
2. Persistent, resourceful, self-directed (does things without being told)					
3. Indicates an ability for power of concentration, capable of intense kind of effort					
4. Expresses a dislike for drill and routine					
5. Expresses curiosity about various topics					
LEADERSHIP					
1. Sensitive to truth and honor					
2. Is able to articulate ideas fluently					
3. Persuasive, able to influence others					
CREATIVITY					
1. Sophisticated sense of humor					
2. Thinks of unusual ways to solve problems					
3. Creates imaginative stories					

Student's First and Last Name _____ **Grade**_____ **Teacher** _____

Please provide any necessary additional information on the student (*required*).

For Office Use Only

Assessment Results:

Score on the Raven's Progressive Matrices _____ **Percentile Rank** _____

☐ **Identified as Gifted** ☐ **NOT Identified as Gifted**

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PARENT/GUARDIAN AUTHORIZATION

For testing and placement in the GATE program

Your signature below indicates permission for your child to be tested.

Student's First and Last Name _____

School _____ Grade _____

Date of Birth _____/_____/_____ Home Language _____

Parent/Guardian Name _____

Mailing Address _____

Home # (_____) _____ Cell # (_____) _____

_____ _____

Parent/Guardian Signature **Date**

<u>Please return this signed form to your school office or your child's teacher by *Friday, December 19, 2025.*</u>