



Our Children, Our Schools, Our Future!

Jurupa Unified School District

GIFTED AND TALENTED EDUCATION PROGRAM
Parent Referral for Testing

Student: _____ School: _____

Birthdate: _____ Student ID# _____

Classroom Teacher (Elementary only): _____ Grade: _____

Address: _____

Phone Number: Home: _____ Cell: _____

I am requesting that my son/daughter be referred for possible qualification in the GATE program. I give permission for the designated assessment to be administered.

Please list characteristics your child exhibits that make you believe/feel he/she should be identified as gifted. (Example: Demonstrates understanding of concepts beyond his/her age level such as...)

Parent Signature

Date