

OAK PARK UNIFIED SCHOOL DISTRICT  
Office of Curriculum and Instruction  
GATE

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Street \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Primary Language: \_\_\_\_\_ Language spoken in the home: \_\_\_\_\_

Referral Requested by: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Principal's Signature \_\_\_\_\_

**1. Schools attended by child**

Name of School	Grade	Dates Attended

**2. Describe your child's attitude towards school:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. List 3 titles of books your child has read:**

\_\_\_\_\_

**4. List any special interests, talents or passions your child has:**

\_\_\_\_\_

**5. How does your child spend spare time?**

\_\_\_\_\_

**6. What special lessons, training, or learning opportunities has your child had outside of school?**

\_\_\_\_\_

**7. What other information would you like us to know that would assist us in the identification process?**

\_\_\_\_\_

