

**Poway Unified School District  
Gifted and Talented Education  
Eligibility Steering Committee Referral  
Transfer Students**

Student \_\_\_\_\_ Student ID# \_\_\_\_\_

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

**Documentation (must be attached)**

\_\_\_\_\_ Evidence of aptitude test  
Name of test \_\_\_\_\_  
Date of test \_\_\_\_\_  
Score(s) \_\_\_\_\_

\_\_\_\_\_ PUSD GATE 1 - Teacher Questionnaire

\_\_\_\_\_ PUSD GATE 2 - Parent Questionnaire

\_\_\_\_\_ Additional Factors noted and described (see back side of  
Teacher Questionnaire)

<u>District Use</u>
_____
_____
_____
_____
Total _____

**Eligibility Steering Committee Review Results**

\_\_\_\_\_ Student is **identified** for PUSD GATE placement and will not need to be re-evaluated.

\_\_\_\_\_ Student is **not identified** for PUSD GATE placement. Student should be placed on the testing list at the next available test date.

\_\_\_\_\_ Student is **not identified** for PUSD GATE placement. May be tested and evaluated again after \_\_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Learning Support Services

\_\_\_\_\_  
Date