



WILLIAMSBURG JAMES CITY COUNTY PROGRAM FOR GIFTED STUDENTS

REFERRAL FORM

Student Name: _____ Birth Date: _____

School: _____ Grade: _____ Teacher: _____

Please check only one box below to reflect referral grade request

Kindergarten <input type="checkbox"/>	*Fourth Grade	*Fifth Grade	Sixth Grade <input type="checkbox"/>
First Grade <input type="checkbox"/>	Specific Academics:	Specific Academics:	Seventh Grade <input type="checkbox"/>
Second Grade <input type="checkbox"/>	Language Arts Only <input type="checkbox"/>	Language Arts only <input type="checkbox"/>	Eighth Grade <input type="checkbox"/>
Third Grade <input type="checkbox"/>	Math only <input type="checkbox"/>	Math only <input type="checkbox"/>	
	Both <input type="checkbox"/>	Both <input type="checkbox"/>	
	OR		
	Enrichment <input type="checkbox"/>		

Parent(s)/ Guardian(s) _____
Address _____

Telephone Numbers Home* _____
*required Work _____ mother father
Cell _____ mother father
Additional #s _____ mother father

What is this student's first language? _____
Is the student fluent in other languages? yes no Which language(s)? _____

Does the student currently have an IEP or 504 Plan? yes no

Has the student been considered for gifted services in the past? yes no

If yes, please complete the following:

Name of school where testing was conducted _____ Grade _____

Was the student accepted into the gifted program? yes no

How long did the student receive services? _____

What type of services? (i.e. center-based, full-day, pull-out, etc.) _____

Referred by (print) _____ Signature _____ Date _____

Relationship to the student being nominated:

- Self
- Parent
- Homeroom Teacher
- School Faculty/Staff Member (specify) _____
- Other (specify) _____

Office Use Only: Received by _____ Date _____