



WILLIAMSBURG JAMES CITY COUNTY PROGRAM FOR GIFTED STUDENTS

REFERRAL FORM

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent(s)/Guardian(s) Names \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers Home\* \_\_\_\_\_  mother  father  
\*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 (which language? \_\_\_\_\_)  no

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.) \_\_\_\_\_

Please send all Gifted Paperwork from the prior school division to the Gifted Teacher at your child's new school.

Referred by (print) \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

Relationship to the student being nominated:

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

**Please return to your child's teacher or the school principal.**

**Office Use Only:** Received by \_\_\_\_\_ Date \_\_\_\_\_