



**SPOTSYLVANIA COUNTY GIFTED SERVICES**

**REFERRAL FORM**

School _____	Teacher _____
Student Name _____	Grade _____
Parent(s)/ Guardian(s) _____	Birth Date _____
Address _____	Student Number (if known) _____
Telephone Numbers Home* _____	
*required Work _____	<input type="checkbox"/> mother <input type="checkbox"/> father
Cell _____	<input type="checkbox"/> mother <input type="checkbox"/> father
Additional #s _____	<input type="checkbox"/> mother <input type="checkbox"/> father

Please list all schools the student has attended.

\_\_\_\_\_

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

Briefly explain why you think this student should be considered for placement in an Enrichment Group (1<sup>st</sup>/2<sup>nd</sup>) or SCOPE (3<sup>rd</sup>-8<sup>th</sup>).

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 \_\_\_\_\_