



Gifted Services Referral Form



Parents/Guardians complete this form to begin the Gifted Services eligibility process.

Please print clearly or responses may be typed on this form.

Student's Last Name	First Name	School
Grade Level		Classroom Teacher's Name
Who is referring this student for gifted services?		Date of Referral
<input type="checkbox"/> School Referral <input type="checkbox"/> Parent/Community Referral <input type="checkbox"/> Student Referral <input type="checkbox"/> Automatic Referral		<hr/> Signature of Referral Source (N/A if automatic referral) <hr/>

In my judgment, the student has abilities, talents, and potential for accomplishment that require special provisions to meet her/his educational needs in the following area(s):

Specific Academic Aptitude Areas: English, Mathematics, Science, or Social Studies
(Students in grades K-12 with specific aptitudes in selected areas: mathematics, English, social studies, and/or science) as demonstrated by advanced skills, concepts, and creative expression.)

Visual or Performing Arts Aptitude Areas: Visual Art
(Students in grades 3-12 with specific aptitudes in selected visual arts as demonstrated by advanced skills and creative expression who excel consistently in the development of a product or performance in art.

Visual or Performing Arts Aptitude Areas: General Music
(Students in grades 3-12 with specific aptitudes in selected performing arts in music as demonstrated by advanced skills and creative expression who excel consistently in the development of a product or performance in music.

All referrals must be submitted to the school principal or Resource Teacher for the Gifted (RTG) no later than April 1 of the current school year. Referrals received after April 1 will be considered in the next school year.

For additional information please visit the APS Gifted Services webpage: www.apsva.us/gifted-services/eligibility/.