

Date: _____

Arlington Public Schools
Gifted Services
Arlington, Virginia

Student: _____
Grade Level: _____ School: _____
Referring Person: _____
Relationship to Student: _____

REFERRAL FORM

I am referring _____ for consideration for Gifted Services. In my judgement, she/he 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, Area(s):** _____

[Students with specific aptitudes in selected areas: mathematics; the sciences; and/or humanities (social studies and language arts/English) as demonstrated by advanced skills, concepts, and creative expression in those area. K-12]

_____ **Visual or Performing Arts Aptitude, Area(s):** _____

[Students with specific aptitudes in selected visual or performing arts (visual arts or vocal/instrumental music) as demonstrated by advanced skills and creative expression who excel consistently in the development of a product or performance in art or vocal/instrumental music. 3-12]

- I. Why are you referring this student for Gifted Services?

- II. Describe any learning characteristics that seem outstanding or would facilitate this student's progress in a challenging educational program.

- III. What do you see as the student's **greatest** needs with regards to her/his educational program?

- IV. Please attach any other information about the student that you feel the Identification Committee should know.

All referrals must be submitted to the school principal no later than April 1 of the current school year. Referrals received after April 1 will be considered in the next school year.