



OFFICE OF GIFTED EDUCATION

CHESTERFIELD COUNTY PUBLIC SCHOOLS

13900 Hull Street Road • Midlothian, VA 23112 • (804) 639-8620

Gifted Program Services Referral and Review Form

In order for a student to be evaluated for gifted services eligibility, this form must be submitted to start the process. This form should be completed and submitted by the individual desiring the child's evaluation for eligibility determination. Parents wishing to refer their children should complete this form, as verbal or email communications do not serve as a substitute.

There are referral windows during which students are screened and referrals are solicited. These windows are the recommended times to refer, as they occur prior to the division's established gifted assessment dates and CBG Academy decisions for particular grade levels.

Signed and dated forms must be submitted to the student's school by the end of the school day on the published deadlines to be considered for assessment during the testing window for that grade level. Deadlines are as follows:

- October 15 - Students currently in grade 5
- January 15 - Students currently in grades 2-4 and grades 6-12
- March 15 - Students currently in kindergarten or grade 1

If any of these dates falls on a weekend, school holiday/break, or snow day, the deadline is the end of the next school day in which school is in session.

PLEASE PRINT CLEARLY

Student Identification Number	Student's Name	Grade
School	Name of Person Referring Student	Relationship to Student
Is this student currently identified gifted in Chesterfield County Public Schools? <input type="checkbox"/> No (New Referral) <input type="checkbox"/> Yes (Services Review) IF CHECKING YES, PLEASE READ THE FOLLOWING: Students already eligible for gifted services that were previously offered a CBG Academy placement will only be evaluated for new areas of strength. The previous CBG eligibility will be honored for the next school year. Students already eligible for gifted services that were <u>not</u> previously offered a CBG Academy placement will be assessed and will be evaluated for additional areas of strength <u>and</u> CBG Academy admission.		<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher <input type="checkbox"/> Professional Staff <input type="checkbox"/> Community Member <input type="checkbox"/> Age Peer/Self <input type="checkbox"/> Older CCPS Student

By signing below, I acknowledge that I have read and understand the information on this form and would like to submit this student for gifted education services evaluation.

_____ Signature

_____ Date



Chesterfield County Public Schools

Please return this signed and dated form to the student's school prior to the deadline to be included in the testing window for the child's grade level.