## **Private or Homeschool Student Referral Form**

Those whose main residence exists in Chesterfield County but whose child is currently in second grade or higher and is not enrolled in a Chesterfield County public school must complete this form if they wish their child to be evaluated for gifted services eligibility prior to enrolling for the next school year. Verbal or email communications do not serve as a substitute for this form.

There are specific testing windows during which students in specific grade levels are assessed. Signed and dated referral forms must be submitted to the public school students would attend if enrolled by the end of the school day on the deadline date. Referral deadlines are as follows:

- October 15 Referrals for students currently in grade 5
- December 15 Referrals for students currently in grades 2-4
- <u>January 15</u> Referrals for students currently in grades 6-12

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. Late referrals are not accepted.

The CCPS school the child would attend if enrolled will process the referral, and any required testing will occur at this location according to the group testing schedule established by that school. It is the parent's responsibility to ensure that the child attends these scheduled sessions. Additionally, required components of the identification protocol, such as grades, work samples, and teacher perception inventories will be requested from the student's current nonpublic school. These components must be provided in order to determine student eligibility for services.

|   |                | PLEASE PRI   | NT CLEARLY          |  |  |           |  |  |  |   |
|---|----------------|--|---------------------|--|--|-----------|--|--|--|---|
| Student Name                                  | Street Address |  |                     | Parent Home/Cell Number  |  |           |  |  |  |   |
| City  | Zip Code       |  | Current Grade       | Birthday (MM/dd/yyyy)  |  |           |  |  |  |   |
| Nonpublic School Type  □ Private □ Homeschool |                |  | Private School Name |  |  |           |  |  |  |   |
| Private School Street Address                 |                |  | Private School City | Private School Zip Code  |  |           |  |  |  |   |
|   |                |  |                     | at teachers of the student being referred. to determine gifted services eligibility. |  |           |  |  |  |   |
| for gi  |                | Has this student been previously tested in CCPS or previously identified as eligible for gifted services in CCPS?  No Yes – please attach documentation 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 not previously offered a CBG Academy placement will be assessed and will be evaluated for additional areas of strength and CBG Academy admission. |                     |  |  |           |  |  |  |   |
|   |                |  |                     |  |  | , , , ,   |  |  | inderstand the inform<br>ducation services eva | ation on this form and would like to<br>lluation. |
|   |                |  |                     |  |  | Signature |  |  |  | Date  |
| Places return this signed an                  | d dated for    | m to the se  | hool your child way | uld attend if annulled prior to the  |  |           |  |  |  |   |

turn this signed and dated form to the school <u>your child would attend if enrolled</u> prior t deadline to be included in the testing window for the child's grade level.

## PARENT AND TEACHER EMAIL ADDRESSES

After receiving permission from the parent and teachers to share their email addresses, please complete the following.

This contact information will be used to send these individuals perception inventories necessary to determine gifted services eligibility for the child listed on the front of this form.

## Please clearly print all information so it can be read.

CCPS cannot be responsible for incomplete perception inventories due to contact information that is not legible.

| Parent Name                 | Parent Email Address                 |  |
|-----------------------------|--------------------------------------|--|
|                             |                                      |  |
|                             |                                      |  |
| English Teacher Name        | English Teacher Email Address        |  |
| Math Teacher Name           | Math Teacher Email Address           |  |
| Social Studies Teacher Name | Social Studies Teacher Email Address |  |
| Science Teacher Name        | Science Teacher Email Address        |  |