King George County Public Schools
Referral for Gifted Services

Student's Full Legal Name	
Date of Birth	
Address	
Current School And Grade Level	
Teacher(s)	Language Arts Teacher Mathematics Teacher
Parent/Guardian's Name	
Telephone	
E-Mail	
Person Initiating Referral	Relationship to Student ☐Teacher ☐Parent/Guardian ☐Self ☐Other_____
Recommended for (check all that apply)	☐Language Arts (K-12) ☐Mathematics (3-12)

Please summarize the student's characteristics and behaviors which have prompted this referral.

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Further Steps in the Referral/Evaluation Process:

- ✓ The assessment process for gifted services takes up to 90 instructional days. All referrals for the current year must be received on or before February 15. Referrals received after this date will begin the assessment process in the next school year.
- ✓ If you have further questions about the gifted assessment and identification process, please contact the gifted resource teacher at your child's school.
- ✓ Parent consent is necessary for any gifted program testing or evaluation. Please sign below indicating your consent.

Parent Signature_____ Date_____