



HAMPTON CITY SCHOOLS
Department of Academic Advancement and Enrichment



Student Referral Form (all programs)

I would like to refer _____ for evaluation for gifted program services (check one):

- Talent Pool (GIA) (Grades K-2)
Area(s) if strength _____
- General Intellectual Aptitude (Grades 3-12)
Area(s) of strength _____
- Visual Art (Grades 3-8)

This student is in grade _____ school year _____ school _____.
As the individual making the referral, I am the student's:

- Parent School Counselor Teacher
- I make this referral on behalf of myself Art Teacher
- Referral is based on the student;s CogAT scores
- Other (specify _____)

If teacher, give the following:

School _____ Grade or subject taught _____

If parent, please initial:

_____ I consent to my child being evaluated through the administration of any assessments or tests, and the collection of relevant data, and would be interested in having him/her considered for placement in the program for ____ academically gifted or ____ visual arts gifted students if he/she is found eligible.

For all referrals:

On the back of this paper, please write a description of this student's characteristics that suggest exceptional ability or aptitude.

Signature _____ **Date** _____

Print name _____

Please submit this form to the DAAE office or to the school counselor. For more information, please call the DAAE office at 757-727-2160.

Hampton City Schools Non-Discrimination Notice

Hampton City Schools does not discriminate on the basis of race, color, national origin, sex, disability, age or other protected classes in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Robbin G. Ruth, Executive Director, Human Resources, One Franklin Street, Hampton, VA 23669 757-727-2000.