Chesapeake Public Schools
Edwards-Wilson Center
Department of Exceptional Learning
2107 Liberty Street, Chesapeake, VA 23324
Phone: (757) 494-7600 Fax: (757) 494-7573

Gifted Education

Nomination and Referral Form

General Intellectual Aptitude

This form should be completed by the person who is recommending gifted testing for this student.

Student Name: _____ Student ID: _____

School: _____ Grade: _____ Date of Birth: _____

Parent/Guardian: _____ Home/Cell Phone: _____

Address (Street/Zip Code): _____ Email: _____

Student Referred By: _____ Date of Referral: _____

Relationship to Student: ◯ Parent ◯ Family Member ◯ Teacher ◯ Peer ◯ Self
◯ Community Member ◯ Other

Why is this student being referred for gifted services? _____

Please answer the following questions.

1. Has the student participated in a gifted education program elsewhere? ◯ YES ◯ NO

   - Location (School/City/State) _____
   - What school years? _____

2. Is the child receiving ESL services or Special Education services? ◯ YES ◯ NO

Please return the *Nomination and Referral Form* to the school.

CPS Use Only

Date *Nomination and Referral Form* received/initiated by the Office of Gifted Education: _____

Reset Form

The Chesapeake Public School System is an equal educational opportunity school system.
The School Board of the City of Chesapeake also adheres to the principles of equal opportunity in employment and, therefore, prohibits discrimination in terms and conditions of employment on the basis of race, sex, national origin, color, religion, age, or disability.