

Arlington Public Schools Gifted Services Referral Form

Please print clearly or responses may be typed and pasted onto this form. Student's Last Name First Name School **Grade Level** Classroom Teacher's Name In my judgment, the student has abilities, talents, and potential for accomplishment that require special provisions to meet her/his educational needs in the following area(s): Specific Academic Aptitude Areas: English, Mathematics, Science, or Social Studies (Students in grades K- 12 with specific aptitudes in selected areas: mathematics, English, social studies, and/or science) as demonstrated by advanced skills, concepts, and creative expression.) Visual or Performing Arts Aptitude Areas: Visual Art (Students in grades 3 - 12 with specific aptitudes in selected visual or performing arts (visual arts or music) as demonstrated by advanced skills and creative expression who excel consistently in the development of a product or performance in art or music. Visual or Performing Arts Aptitude Areas: General Music (Students in grades 3 – 12 with specific aptitudes in selected visual or performing arts (visual arts or music) as demonstrated by advanced skills and creative expression who excel consistently in the development of a product or performance in art or music In the space below, briefly explain why you are referring this student for gifted services. Signature of Referral Source Relationship to Student **Date of Referral**

All referrals must be submitted to the school principal or Resource Teacher for the Gifted (RTG) no later than April 1 of the current school year. Referrals received after April 1 will be considered in the next school year.