

**ACADEMIC AND CREATIVE EXCELLENCE PROGRAM  
NEW KENT COUNTY SCHOOLS  
NOMINATION/REFERRAL FORM**

**Please fill in the information requested below and return to the Gifted Coordinator.**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Standard Achievement Scores (in percentiles)**

Reading Comprehension	Language Total	Math Total	Work Study	Social Studies	Science	Total Composite
_____	_____	_____	_____	_____	_____	_____

Primary Grades Only:

Reading Objectives Mastered: \_\_\_\_\_ of \_\_\_\_\_ /Mathematics Objectives Mastered: : \_\_\_\_\_ of \_\_\_\_\_

**Report Card Grades:**

	Finals/Previous Year	Current Marking Period	Semester
Reading	_____	_____	_____
English	_____	_____	_____
Math	_____	_____	_____
Social Studies	_____	_____	_____
Science	_____	_____	_____

\_\_\_\_\_ Please indicate by checking the space to the left if this student has been identified as gifted in another school division. If so, please attach a copy of the relevant information WITH THIS REFERRAL.

**Please attach the student's work samples that demonstrate/illustrate characteristics of giftedness.**

If no samples are available, please attach a short narrative of your observations.

Person referring student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_