



100 N. Main Street, PO Box 1549, Suffolk, VA 23434  
Phone: (757) 925-6750 FAX (757) 925-6751

### **STUDENT NOMINATION FOR GIFTED SERVICES IN SUFFOLK PUBLIC SCHOOLS**

*This form is to be completed by those wishing to refer a child for consideration for Gifted Services.*

I am nominating \_\_\_\_\_, a student in the \_\_\_\_\_ grade at \_\_\_\_\_ School for consideration to receive Gifted Services. In my judgment he/she has potential abilities and talents that are indications that he/she requires advanced instructional opportunities to meet his/her educational needs.

Area of referral: (Please check only those that apply specifically to this student)

Gifted Services in Academic Aptitude:

Explain why you are nominating this student for Gifted Services.

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Are there any testing accommodations that need to be made for this student that you know of (i.e. 504, IEP, ESL)? \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Date \_\_\_\_\_

Please submit this form to the Gifted Resource Teacher at the student's school or send it to the Gifted Services Coordinator, Carol Kennedy-Dickens, 100 N Main Street, Suffolk, VA 23434.

**Must be submitted by April 26, 2014.**