

Fairfax County Public Schools  
**Gifted and Talented Center Referral Form**

Fillable forms are available at [www.fcps.edu/DIS/gt](http://www.fcps.edu/DIS/gt) or responses may be typed and pasted onto this form. Please print clearly or type; referral form may not be retyped. Responses must fit on this form; attachments may not be submitted. Additional information may be submitted as part of the 5 pages of additional information.

Student's Last Name	First Name	Parents/Guardians
Date of Birth	Gender	Grade
Home Address		
School Currently Attending	Telephone #	City/State/Zip
Fairfax County Public Schools Student ID # OR Private School Address		Telephone Mother (H) <span style="float: right;">Mother (W)</span>
FCPS GT Resource Teacher or Middle School Counselor <u>OR</u> Private School Teacher		Telephone Father (H) <span style="float: right;">Father (W)</span>

Language(s) spoken in the home \_\_\_\_\_

Screening for GT school-based services takes place at all FCPS elementary and middle schools. Contact the local school principal and/or GT resource teacher for information.

In the space provided below please explain why the child should be considered for GT center placement.

\_\_\_\_\_  
 Signature of Referral Source  
 Signature required.

\_\_\_\_\_  
 Relationship to Student

\_\_\_\_\_  
 Date of Referral