

Fairfax County Public Schools
Gifted and Talented Center Referral Form

Fillable forms are available at 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)	Mother (W)
FCPS GT Resource Teacher or Middle School Counselor OR Private School Teacher	Telephone Father (H)	Father (W)

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