

Fairfax County Public Schools
Advanced Academic Programs Level IV 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 five 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) Mother (C)
FCPS Advanced Academic Resource Teacher or Middle School Counselor OR Private School Teacher		Telephone Father (H)	Father (W) Father (C)

Language(s) spoken in the home _____

Screening for Advanced Academic Programs school-based (Levels II-III) services takes place at all FCPS elementary and middle schools. Contact the local school principal and/or Advanced Academic Resource Teacher for information.

In the space provided below, please explain why the child should be considered for full-time AAP (Level IV) placement.

_____ Signature of Referral Source REQUIRED	_____ Relationship to Student	_____ Date of Referral
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