

# Gifted and Talented (GT) School-Based Services Referral

PLEASE PRINT

Please type or print clearly. Referral form may not be retyped. Responses must fit on this form; attachments may not be submitted.

Student's Last Name	First Name	Parents/Guardians
Date of Birth	Gender	Grade
FCPS School Attending	Telephone #	Home Address
Fairfax County Public School Student ID #	City/State/Zip	Telephone Mother (H)
FCPS GT Resource Teacher or Middle School Counselor	Telephone Father (H)	Mother (W)  Father (W)

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

In the space provided below, please explain why the student should be considered for GT school-based services.

\_\_\_\_\_  
Signature of Referral Source

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

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