

Fairfax County Public Schools
Advanced Academic Programs Level IV Referral Form

Fillable forms are available at www.fcps.edu/is/aap 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 <u>OR</u> Private School Teacher	Telephone Father (H) Father (W) Father (C)

Language(s) spoken in the home _____

Screening for advanced academic school-based services (Levels II-III) takes place at 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.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Referral Source REQUIRED	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Relationship to Student	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date of Referral
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