

Advanced Academic Programs School-Based Services Levels II-III Referral Form

Please print clearly or type; referral form may not be retyped. Responses must fit on this form. No attachments.

Student Full Name _____ Date of Birth _____

Student ID _____ Current School _____

Grade _____ FCPS Classroom Teacher _____

FCPS Advanced Academic Resource Teacher _____

Parents/Guardians _____

Telephone _____ Email _____

Home Address _____

In the space below, please provide information to support the committee's understanding of your student's learning needs. Suggestions include examples of critical and creative thinking, areas of strength, languages spoken by the student, a summary of how special learning needs, such as the need for an IEP or 504 Plan, might impact the student's performance.

Signature of Referral Source _____

Relationship to Student _____ Date of Referral _____