

Advanced Academic Programs Level IV Referral Form

Fillable forms are available at <https://www.fcps.edu/registration/advanced-academics-identification-and-placement/elementary-school/current-fcps> or responses may be typed and pasted onto this form. Please print clearly or type; the 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	Classroom Teacher's Name
Date of Birth Gender Grade	Parents/Guardians
School Currently Attending Telephone #	Home Address
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) Mother (C)

Language(s) spoken in the home _____

Screening for advanced academic school-based services (Levels II- III) 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

Relationship to Student

Date of Referral