



LOUDOUN COUNTY PUBLIC SCHOOLS

DEPARTMENT OF CURRICULUM AND INSTRUCTION

GIFTED EDUCATION

21000 Education Court, Suite 511

Ashburn, VA 20148

Phone (571) 252-1440 Fax (571) 252-1635

Gifted Education Services Referral Form

Please Print

Student Name _____

School _____ Grade _____ Teacher _____

Date of Birth _____

Parent(s)/Guardian(s) Name _____

Home Address _____

Home Phone _____ Work Phone _____

Name of Person Initiating Referral _____

Has your child been formally identified gifted and participated in a gifted education program in another school division? Yes No

If "Yes", please complete the following information:

Name of School/School Division _____

Address _____

Date of identification _____

Parent/Guardian: You are referring your child for further evaluation for gifted education services. In order to determine whether your child is in need of these services, additional data gathering and/or testing may be required. Please complete the following and return to your child's Gifted Education Teacher by _____.

____ **I grant** permission for Loudoun County Public Schools to proceed with the evaluation for possible gifted services. I understand that additional testing may be administered.

____ **I do not grant** permission for Loudoun County Public Schools to proceed with the evaluation for possible gifted services.

Signature _____ Date _____

Parent email: _____

Date sent _____

Date received _____