



LOUDOUN COUNTY PUBLIC SCHOOLS

DEPARTMENT OF INSTRUCTIONAL SERVICES

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 referred for gifted services in LCPS? Yes No

If "Yes", what was the date of the 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: In order to determine whether your child is in need of gifted education services, additional data gathering and/or testing may be required. Please complete the following and return to your child's Gifted Education Teacher by October 15, 2013.

____ **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** _____

Date sent to Parents _____ **Date received from Parents** _____