



LOUDOUN COUNTY PUBLIC SCHOOLS

DEPARTMENT OF CURRICULUM AND INSTRUCTION

GIFTED EDUCATION

21000 Education Court, Suite 500

Ashburn, VA 20148

Phone (571) 252-1440 Fax (571) 252-1634

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: Your child has been nominated to the screening pool of candidates 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** _____

Date sent _____

Date received _____