

ADVANCED ACADEMIC PROGRAMS (AAP) LEVEL IV SCREENING SUMMARY SHEET (For Private School and Homeschool Students)

School Year _____ Date _____

STUDENT INFORMATION

STUDENT LAST NAME FIRST NAME MI

Date of Birth _____ Current Grade ____ Gender ____

Attending School/Private School

Local FCPS Neighborhood School

Parents/Guardians

Address _____

Contact Numbers:

Home: _____

Work: _____

Cell: _____

E-mail: _____

Is the student a Language Minority student?

(Answer "yes" if there is a language other than or in addition to English spoken in the home.)

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If yes, specify language: _____

Ethnic Code:

Gifted Behavior Rating Scale (GBRS) Rating:

ABILITY TEST INFORMATION (one ability test is required)

Name of Test _____

Subtest Category(ies)	Score

Name of Test _____

Subtest Category(ies)	Score

For all non-FCPS testing, a full copy of test reports must be included. For all non-FCPS/non-GMU ability tests, a copy of the psychologist's license must be included.

Psychologist Name: _____

Copy of license provided? YES ☐ NO ☐

ACHIEVEMENT TEST INFORMATION (optional)

Reading	_____	Science	_____
Math	_____	Social Studies	_____
_____	_____	_____	_____

FOR OFFICE USE ONLY

Central Selection Committee Decision

Date _____

Eligible _____ Ineligible _____

Appeals Committee Decision

Date _____

Eligible _____ Ineligible _____