

Gifted Nomination Form

Parent/Teacher Nomination

Please circle the type of nomination: **Parent** **Teacher**

Name: _____ **Date:** _____

School: _____ **Grade:** _____ **Age:** _____

Student Address: _____
_____ **Zip:** _____

Phone: _____

Person completing this form: (please print) _____

How long have you known this student? _____

This form is designed to obtain your estimate of a student's potential for gifted identification. We depend on your expertise to help us identify students who may qualify for our gifted program

Please check which area you would like this student screened:

Reason

Superior Cognitive Ability _____

Specific Academic Ability

Reading _____

Math _____

Science _____

Social Studies _____

Please circle five characteristics which best describe the student:

- | | | |
|---------------------|----------------------|------------------------------|
| Superior academics | Creative | Leader |
| Inquisitive | Critical thinker | Self-Motivated |
| Problem solver | Works to potential | Wide Range of Interests |
| Good peer relations | Works well in groups | Works well individually |
| Task committed | Sense of humor | Sensitive to needs of others |
| Other _____ | | |

Does a review of the student's educational history support this recommendation for evaluation? YES _____ NO _____

Explain: _____

Math Report Card Grade: _____ Reading Report Card Grade: _____

Briefly describe the student's social/emotional performance. _____

Does the student have health, physical, or motor problems? YES _____ NO _____

If yes, explain. _____

Most Recent Parent/Teacher Conference Date: _____

Results of Recent Parent/Teacher Conferences: _____

**When you complete this form, please return
it to the school counselor or to Dawn Cauldwell,
3750 Far Hills Ave., Kettering, OH 45429.**