



Cedar Hill Independent School District Gifted & Talented Department Services Nomination Form

Name of Student: _____ Date of Birth: _____ ID # _____

Home Campus: _____ (Homeroom) Teacher _____

I, _____, as parent/guardian/teacher/community member, would like to refer
(Please Print) *(Please circle)*

_____ for the Gifted/Talented screening and assessment process. I believe this child has
(Print student's name)

an extraordinarily high level of intellectual or academic ability and that his/her educational needs can best be met by participation in Gifted/Talented Services. I understand the school district will make every effort to determine the best possible educational services based on the student's educational needs. This child is currently in grade _____.

Signature of person making nomination

Date

Has this student previously been tested for a gifted/talented program? Yes No

If yes, where? _____ When? _____

Does this student require special modifications for testing (e.g. 504, Dyslexia, Special needs)? Yes No

If yes, what modifications are needed _____

Nomination form due to Campus Counselor NO LATER THAN _____

Date Received by Campus: _____