

PINELLAS COUNTY SCHOOLS
GIFTED NOMINATION FORM

I am requesting that the following child be considered for gifted services:

Student: _____ Date of Nomination: _____ DOB: _____
School: _____ Teacher: _____ Grade: _____
Parent/Guardian: _____ Phone: _____ Email: _____

The student was nominated by:

Name: _____

Check One: ☐ Parent/Guardian ☐ Classroom Teacher ☐ Staff ☐ Peer ☐ Self

Phone: _____ Email: _____

☐ I understand that I will be asked to complete a gifted characteristics checklist on this child that will be used to help determine gifted eligibility.

Reasons for nomination: *Check all that apply*

- ☐ Has keen powers of observation
- ☐ Solves problems in a unique and creative manner
- ☐ Has a highly developed sense of humor
- ☐ Is sensitive to the feelings of others or to situation
- ☐ Expresses ideas which are unusual
- ☐ Is creative in thoughts and ideas
- ☐ Produces unique and clever responses

Prior Nominations: *Check all that apply*

- ☐ This student was previously found not-eligible for gifted and is being recommended for reevaluation.
- ☐ I am requesting that my child be rescreened for gifted services. Previous screening year: _____
- ☐ No prior gifted screenings and/or evaluations.

For more information on the gifted eligibility requirements and process, please visit: <https://www.pcsb.org/Page/26177>