



# Houston County Gifted Program

## Nomination

The purpose of this nomination is to determine a student's need for gifted services. To nominate a student for consideration for gifted services, please provide the information requested below:

_____	_____
Grade	School Year

Nomination Date \_\_\_\_\_

### A. BIOGRAPHICAL INFORMATION:

**Name** \_\_\_\_\_  
Last Name First Name Middle Name Student ID Number

**Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Race** Asian Black Hispanic Mixed White American Indian/Alaska Native **Gender** M F

**Home Address** \_\_\_\_\_  
Street City State Zip Code

**Phone Number** \_\_\_\_\_  
Home or Cell Phone # Work Phone #

**Parent(s)/Guardian(s)** \_\_\_\_\_

**B. Referred by** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

If this is an automatic referral, please include date of district-wide testing: \_\_\_\_\_

If the student is coming from a gifted program out of state, please include school system and state: \_\_\_\_\_

**Is parent/guardian aware of nomination?** (Check One) Yes No

### C. NOMINATION SUMMARY: (Check One)

- We recommend this student as a candidate for evaluation for the gifted program.
- We need more information in order to make a recommendation.
- Based on the observation data presented, we do not recommend assessment for the gifted program at this time.

### D. DATA SUMMARY (Input data that was used to support the above decision)

Milestones Math \_\_\_\_\_ Milestones Reading \_\_\_\_\_ Reading \_\_\_\_\_ Lexile \_\_\_\_\_

MAP/iReady R \_\_\_\_\_ MAP/iReady M \_\_\_\_\_ TABs Form \_\_\_\_\_ Other \_\_\_\_\_  
(name of data)

\_\_\_\_\_  
Gifted Lead Teacher

\_\_\_\_\_  
Eligibility Team Member

\_\_\_\_\_  
Eligibility Team Member

\_\_\_\_\_  
Eligibility Team Member