



## Houston County Gifted Program

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### Parent Nomination

Please fill out and return to the Gifted Lead Teacher at your school.

Referral Date \_\_\_\_\_

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

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

1. Please describe specific reasons why you believe your child may qualify for gifted services. You may include observations about their academic performance, creativity, leadership, or problem-solving abilities.

2. Please complete TABS form GP05.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date