



Office of Gifted Services & Talent Development

506 Dayton Avenue Xenia, OH 45385

937.372.9201 Extension- 2142

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Nomination Form for Gifted Services

I wish to request that this student be referred for possible gifted identification. I understand that this nomination is one component in a multi-faceted identification process. As part of this nomination, I understand that additional testing may be a necessary part of the identification process. A parent or guardian's signature on this form gives permission for such testing. After data from all assessments are compiled, a decision will be made by a screening committee as to the appropriate service option for this student.

Name of Student: _____ Date of Birth: _____ Grade: _____

School/Homeroom Teacher: _____ Age: _____

Parent/Guardian: _____ Phone #: _____

Address: _____ City/State/Zip: _____

Email Address: _____

I believe this child may possibly be gifted in the following area(s):

Area	Reasons
____ Superior Cognitive Ability	_____
____ Mathematics	_____
____ Reading	_____
____ Science	_____
____ Social Studies	_____

Signature of Person Making Referral: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Please return this form to your building administrator, classroom teacher, or member of the gifted staff.