PINELLAS COUNTY SCHOOLS

GIFTED NOMINATION BY PARENT/GUARDIAN

Please complete and return to your child's classroom teacher.

I am requesting that my child be considered for gifted services.

Student _____ Birth Date _____ Date of Nomination _____

School _____ Teacher _____ Grade_____

Parent/Guardian_____

Contact Phone Number _____ Email: _____

Please check all that apply and write a brief explanation of your request.

_____ I am requesting that my child be screened for gifted to determine the need for gifted services.

_____

_____ I am requesting that my child be rescreened for gifted services. Previous screening:_____ or _____
Date Grade

_____

_____ I am requesting that my child be re-tested for gifted services. He/she was previously tested and found not eligible for gifted.

_____

_____ I am requesting that my child be considered for gifted services. He/she was in gifted classes in another Florida district or previously in Pinellas County. (Please attach documentation and your child's Educational Plan (EP) to this request.)

Name of School _____ District _____

Gifted Education Teacher _____ School Phone _____

_____ I am requesting that my child be considered for gifted services. He/she was in gifted/talented classes in another state. (Please attach documentation to this request.)

Name of School _____ State _____

Gifted/Talented Education Teacher _____

Name of Gifted/Talented Program _____

School Phone _____

_____ I am requesting that my child's private intellectual evaluation be considered for gifted eligibility. (Please attach evaluation report to this request.)

Psychologist _____ Test _____ Date of Testing _____