

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: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Peer <input type="checkbox"/> Self
Phone: _____ Email: _____
<input type="checkbox"/> 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*

<input type="checkbox"/> Has keen powers of observation
<input type="checkbox"/> Solves problems in a unique and creative manner
<input type="checkbox"/> Has a highly developed sense of humor
<input type="checkbox"/> Is sensitive to the feelings of others or to situation
<input type="checkbox"/> Expresses ideas which are unusual
<input type="checkbox"/> Is creative in thoughts and ideas
<input type="checkbox"/> Produces unique and clever responses

Prior Nominations: *Check all that apply*

<input type="checkbox"/> This student was previously found not-eligible for gifted and is being recommended for reevaluation.
<input type="checkbox"/> I am requesting that my child be rescreened for gifted services. Previous screening year: _____
<input type="checkbox"/> 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>