

**Cedar Hill Independent School District
Gifted and Talented Program**

**NOMINATION FORM
GRADES K-12**

Name of Student: _____ Date of Birth: _____ I.D.# _____

Home Campus: _____ (Homeroom) Teacher _____

Does this student require special modifications for testing (e.g., 504, Dyslexia, Special needs)?

Yes No If yes, what modifications are needed: _____

Has this student previously been tested for a gifted/talented program? Yes No

If yes, where? _____ When? _____

Briefly describe why you are nominating this student to be screened for the Gifted and Talented program.
What special characteristics does he/she exhibit?

Name of Person Completing Form: _____

Relation to Student being nominated: _____

I would like to nominate the following student to be screened for the Cedar Hill Independent School District Gifted and Talented program. I believe this student exhibits exceptional ability or the potential to excel. I fully understand that this nomination alone does not mean that the student will be accepted into the Gifted and Talented Program. I understand that this nomination indicates that I would like for the above-named student to be considered as a possible candidate.

Signature of Person Making Nomination

Date

Nomination form due to Campus Counselor ***NO LATER THAN*** March 22, 2017.

Date Received by Campus: _____