Holliday Independent School District
Gifted/Talented Referral Form

I, _____, as parent/guardian/teacher/community member would
(Please print) (Please circle)

like to refer _____ for the Gifted/Talented screening and
(Print student's name)

assessment process. I believe this child has an extraordinarily high level of intellectual or academic ability and that his/her educational needs can best be met by Gifted/Talented Services. I understand the school district will make every effort to determine the best possible educational services based on the student's educational needs. This child is currently in grade _____.

_____
Signature of person making nomination

_____
Date

Kindergarten nominations are open in November. All nominations must be turned into the school by the last school day in November.