

**SFISD NOMINATION FORM FOR GIFTED SERVICES**

Campus \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_

Person completing the form \_\_\_\_\_

Indicate with a check the relationship to the student:

\_\_\_\_\_ Parent

\_\_\_\_\_ Guardian

\_\_\_\_\_ Community Member

\_\_\_\_\_ Other: \_\_\_\_\_

What characteristics does this student exhibit that you believe identifies him/her for the Gifted and Talented Program?

I realize that this referral alone does not mean that this student will be accepted into the Gifted and Talented Program. This referral only indicates that I would like the student to be considered as a possible candidate.

\_\_\_\_\_  
Signature of Referrer

\_\_\_\_\_  
Date

Please return to Campus Office  
Attention: Campus Principal