

# Greeneview Identification Plan

## PARENT NOMINATION FORM

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School/Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

I wish to request that my child be referred for possible identification as being gifted. I understand that this nomination is but one component in a multi-faceted identification process. As part of this nomination I am giving my permission for any additional testing that may be a necessary part of the identification process. After data from all assessments are compiled, a decision will be made by a screening committee as to the appropriateness of gifted education programs for my child.

I believe that my child may possibly be gifted in the following area(s):

*Superior Cognitive Ability (for KIDS placement)	
Specific Academic Ability	
Mathematics	
Science	
Reading	
Writing	
Social Studies	
Creative Thinking Ability	
Visual or Performing Arts Ability	
• Visual art candidates must submit a portfolio of work for assessment.	
• Performing arts candidates will submit videotapes of three performances or may be asked for a live performance for assessment	

\_\_\_\_\_  
Signature of Person Making Referral

\_\_\_\_\_  
Position or Relationship to Child

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving Referral

\_\_\_\_\_  
Date

**Note:** *A parent can request assessment through any verbal or written means to the building administrator.*

**PLEASE RETURN COMPLETED FORM TO YOUR CHILD'S PRINCIPAL BY \_\_\_\_\_**