##

## Nomination for Gifted Services

**Student’s Name: D.O.B.:**

**Parent/Guardian Name:**

**EISD ID #: Grade: Campus:**

**Person Nominating:**

**Date of Nomination:**

**Please submit the following information for screening purposes**:

* Student Demographic Information (above)
* Anecdotal Information (below)
* Creative/Divergent Thinking Checklist (attached)

**Anecdotal Information:**

**Please elaborate. If more space is needed, attach a separate sheet.**

Describe gifted characteristic(s) that you have observed in this student. Please be specific about the situation in which you observed the characteristic(s).

Describe ways that this student has demonstrated high performance capability in one or more of

the following areas: intellectual, creative, specific academic or leadership ability, or in the

performing and visual arts.