HUBER HEIGHTS CITY SCHOOLS
GIFTED IDENTIFICATION
NOMINATION FORM

Student Name: _____ Date of Birth: _____

Building: _____ Grade: _____

Parent/ Guardian: _____ Daytime Phone: _____

Person Completing Nomination: _____

Gifted Identification Request Area(s):

_____ Superior Cognitive Ability
_____ Specific Achievement (indicate area)
___ Math ___ Reading
___ Science ___ Social Studies
_____ Superior Creative Thinking Ability
_____ Visual & Performing Arts (indicate area)
___ Dance ___ Drama
___ Visual Arts ___ Music

Does the student need assistive technology or other accommodation in order to attend meetings or understand the content of verbal and/or written information? _____ Yes _____ No
Please specify/ explain: _____

BENCHMARK SCORES (Report the last three, most recent first.) Benchmark Assessment Name:		
Benchmark #1 Date: Score:	Benchmark #2 Date: Score:	Benchmark #3 Date: Score:

STATE TESTING SCORES (if applicable)	
Most Recent State Test Grade Level Performance Level	Last Year's State Test Grade Level Performance Level

PREVIOUS STANDARDIZED TESTING SCORES (NNAT/ ITBS/ CogAT)		
Assessment Name: Date Administered: NPR: Scaled Score:	Assessment Name: Date Administered: NPR: Scaled Score:	Assessment Name: Date Administered: NPR: Scaled Score:

PLEASE RETURN NOMINATION FORM TO GIFTED SERVICES
HHCS ADMINISTRATIVE OFFICES