

NORTHSIDE INDEPENDENT SCHOOL DISTRICT  
**Gifted/Talented Program**  
 Educator/Parent Referral  
 Grades K - 12

Date:

*Student Name:*

*NISD Number:*

*Grade:*

*DOB:*

*HR Teacher:*

*Room:*

New to Northside? (Check "yes" or "no".)      YES      NO

Referred by:    Classroom Teacher    Parent    Counselor    Administrator    Test Scores

**Fill out if nominated by parents/guardians.**

Name of Parents/Guardians: \_\_\_\_\_

Telephone, fax or email numbers where parents/guardians can be reached: \_\_\_\_\_

Was student in a G/T program at previous school? (Check one)      YES      NO

If yes, give name, address, telephone number and email of previous school.

\_\_\_\_\_

\_\_\_\_\_

**Previous testing data, if available:**

<i>Name of Test</i>	<i>Date</i>	<i>Grade</i>	<i>Scores</i>

**Check student's involvement in other programs:**

Special Ed.      ESL/Bilingual      Speech      Title Programs      Other

**Check student's special needs:**

Student needs screening in Spanish or language other than English.

G/T status student: 30 school day rule applies.

Student requires special accommodations as part of G/T screening.

(Describe accommodations needed.)