

**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 NISD? (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)