**Cedar Cliff Local Schools
Gifted Nomination Form—Parents**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeroom Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request that my child be referred for possible identification as being gifted. Once this form is received, my child will be given assessments to help determine whether he/she qualifies as being gifted in the nominated area(s) according to standards set by the state of Ohio.

I wish to nominate my child in the following area(s):
*Please check the appropriate line(s).*

\_\_\_\_\_\_ Superior Cognitive Ability

 \_\_\_\_\_\_ Reading

 \_\_\_\_\_\_ Writing

 \_\_\_\_\_\_ Mathematics

 \_\_\_\_\_\_ Science

 \_\_\_\_\_\_ Social Studies

 \_\_\_\_\_\_ Creating Thinking Abilities

 \_\_\_\_\_\_ Performing Arts
 \*Please specific the area of nomination below. Examples: singing, playing the piano, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Visual Arts
 \*Please submit a portfolio of art work if you choose to nominate your child in this area. All work submitted will
 be returning following testing

By signing below, I give permission for my child to be given the necessary assessment(s) to determine whether he/she qualifies as being gifted in the above nominated areas.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Signature Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date