

## **Public Announcement Gifted & Talented Parent Awareness and Gifted & Talented Referral Period**

Tidehaven ISD is beginning the referral process for Gifted & Talented services for the school year. We are committed to providing challenging learning experiences for students with exceptional intellectual and creative thinking abilities. A Parent Awareness Session providing general information about the district's Gifted & Talented services and an overview of the characteristics of gifted and talented students was held at Meet the Teacher in August. If you were unable to attend, the presentation can be found on the TISD website under Parents, then Gifted & Talented.

The TISD Gifted & Talented referral period will begin on October 7th and remain open for two weeks, until October 18th. Referral forms are available in each campus office as well as on the TISD website under Parents, then Gifted & Talented. All students in grades kindergarten through 12th grade can be referred for Gifted & Talented services. All referral forms must be returned to the campus office by October 18, 2024.

### **NO LATE REFERRALS WILL BE ACCEPTED.**

For any additional information or questions, please contact Brooke Davant for elementary students (grades K-5) or Merideth Dodd for secondary students (grades 6-12).

Brooke Davant  
Blessing and Markham Elementary  
Schools Counselor  
Phone: 979-843-4330, 979-843-4340  
[bholzapfel@tidehavenisd.com](mailto:bholzapfel@tidehavenisd.com)

Merideth Dodd  
Junior High and High School  
Assistant Principal  
Phone: 979-843-4320  
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# Gifted & Talented Services Referral Form

Name of Student: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of Person Referring Student: \_\_\_\_\_

Connection to Student (check one):

- Parent
- Guardian
- Teacher
- Community Member

I believe this child has an extraordinarily high level of intellectual or academic ability and that his/her educational needs can best be met by participation in Gifted and Talented Services.

I understand Tidehaven ISD will make every effort to determine the most effective educational placement based on the student's identified educational needs.

\_\_\_\_\_  
Signature of Person Making Referral

\_\_\_\_\_  
Date

**Complete and return this form to the student's campus counselor or principal by the deadline. No late referrals will be accepted.**

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*For Office Use Only*

*Date Received by Campus:* \_\_\_\_\_