

Bedford City Schools
Parent Nomination Referral Form for
Candidacy in the Gifted and Talented Program

Dear Parents:

Thank you in advance for taking the time to refer your child for possible placement in the Bedford City Schools Gifted and Talented Program. Should you have any questions regarding the completion of this form, please contact the Supervisor of Gifted Programs, Dr. David Dewey. He can be reached at: 440-786-3510 or (ddewey@bedford.k12.oh.us).

Student's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian Printed Name(s) _____

Parent/Guardian's Email Address: _____

Please briefly state why you believe your child should be screened for the gifted and talented program. Feel free to include any academic strengths, interests, and subjects such as language arts, math, social studies or science that your child excels in.

Has your child ever been in a gifted program before? District: _____

Please return this form to your child's teacher so it may be forwarded to David Dewey,
Supervisor for Gifted Programs, at the Bedford Board of Education Administration Center.