

THE GIFTED AND TALENTED PROGRAM
NOMINATION FORM
ASSESSMENT/ IDENTIFICATION

DATE: _____

I wish to nominate the following student to be considered as a possible candidate in the Gifted and Talented Program in the Jourdanton Independent School District:

Student's Name: _____

Grade Level: _____ Birth Date: _____

I base my nomination on the following criteria:

1. _____

2. _____

3. _____

NOMINATOR'S SIGNATURE

POSITION/ RELATIONSHIP

Please return this nomination form to Missy Korus on or before: