 **Irion County ISD Elementary**

**Gifted and Talented Program**

**Nomination Form**

Dear Parents,

It has been the policy of the Irion County ISD to instruct all students with special needs of exceptional children to the best of the district’s ability. The district has recognized there are children whose abilities are so unique that special programs must be incorporated in order to challenge these students. The focus is on developing and maintaining activities in higher level thinking skills, productive thinking skills, problem solving, research skills and creativity.

It is time once again to screen students for Gifted and Talented Services. The screening process begins with parents, who are a vital part of the identification process. Please consider the following: compared to other children that are your child's age, how many of these descriptors fit your child?

* Has a wide range of interests
* Early or avid reader *(if too young to read, loves being read to)*
* Tends to question authority
* Has facility with numbers
* Good at jigsaw puzzles
* Concerned with justice, fairness
* Judgment mature for age *at times*
* Shows compassion
* Perfectionist
* Intense
* Morally sensitive
* Has strong curiosity
* Perseverant in their interests
* Has high degree of energy
* Prefers older companions or adults
* Is a keen observer
* Has a vivid imagination
* Is highly creative
* Reasons well *(good thinker)*
* Learns rapidly
* Has extensive vocabulary
* Has an excellent memory
* Has a long attention span *(if interested)*
* Sensitive *(feelings hurt easily)*
* Has an advanced sense of humor

If your child exhibits *a majority* of the above descriptors, then consider nominating them for the G/T program. ***Please complete the form below to nominate a student for***

***Irion County Elementary Gifted and Talented service as soon as possible.***

**Student Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth date (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone /Contact Information: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I do hereby:***

**\_\_\_\_\_\_** give my permission to have my child tested for the Gifted and Talented Program offered by Irion County I.S.D.

**\_\_\_\_\_\_** give my permission for my child to participate in programs/services offered as part of the Gifted and Talented Program offered by Irion County I.S.D. *if data gathered* indicates that the educational needs of my child would best be addressed through such a program**.**

***\*\*Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE*\_\_\_\_\_\_\_\_\_**