

***Gifted and Talented parent nomination form***

***Nominee's Name*** \_\_\_\_\_ ***Grade Level*** \_\_\_\_\_

***Please answer the following questions:***

Why do you think this child is a candidate for the Gifted and Talented Program? \_\_\_\_\_

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How will this child benefit from the GT program? \_\_\_\_\_

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What problems might he/she have? \_\_\_\_\_

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Does this child have any special needs? ( examples: IEP, IAP, or 504, etc.) \_\_\_\_\_

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How do you think this child will react in a classroom of children with similar abilities? \_\_\_\_\_

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Nominated by (please print) \_\_\_\_\_ Teacher / Parent

Circle one School

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

\_\_\_\_\_ Signature