

# Student Nomination Form

## Gifted/ Talented Learners

Big Sandy Independent School District

2022-2023 School Year

I nominate \_\_\_\_\_ to be considered for possible placement in the program services for gifted/talented students. I understand that this nomination does not in any way ensure that this student will be placed in the program.

\_\_\_\_\_  
Printed Name of nominator

\_\_\_\_\_  
Grade of Student  
(If known)

\_\_\_\_\_  
Signature of nominator

\_\_\_\_\_  
Date

It is important that you check your relationship to this student.

Thank you.

\_\_\_\_\_ teacher

\_\_\_\_\_ parent

\_\_\_\_\_ community member

\_\_\_\_\_ fellow student

\_\_\_\_\_ administrator

Testing is for placement in next year's program.