

GT Nomination

eduCLIMBER 🔳

St. Croix Central District 915 Davis Street PO Box 118 Hammond, WI 54015

Ph: 715-796-4500 Fax: 715-796-4510

Student Details		
Student:	Grade:	
School of Attendance:		Address:
Phone:		
Nomination Informa	ation	
Name/Title of Person Making Nomination: Date of nomination:		
What indicators of giftedness	ss do you see in this student?	
☐ General Intelligence	☐ Specific Academic Area - Math	☐ Specific Academic Area - English Language Arts
What products, activities, or behaviors suggest to you that this student is gifted?:		
What other information of	do you wish to add?:	