

Gifted/Talented Program

GT Identification Nomination form

Please complete a separate form for each nominated student.
Previously identified students should not be nominated.

Student's Full Name: _____

Student's SS Number: _____

Grade or Classification: _____

I am nominating this student to be assessed and considered for possible identification as a gifted student. I feel that this student's outstanding abilities warrant the necessity of advanced academic offerings for the fulfillment of his/her educational needs.

Signature of Person Nominating: _____

Teacher Parent Community Member Self Peer

Date Nominated: _____

In the space below, provide a written statement giving examples of traits, attitudes, or behaviors that are evidence of giftedness.

Please return this form to the Elementary Office to the GT Coordinator by November 14, 2011 in the fall semester or February 15, 2012 in the spring semester.

