

Stockdale ISD
Gifted and Talented Program
Stockdale ISD, 503 South 4th Street, Stockdale TX. 78160

NOMINATION FORM

Date: _____

I, _____, nominate the following student to be screened for the Stockdale G/T program.

The person filling out this form is a: teacher parent other _____

Student's Name: _____ Age _____
Home Campus: _____ Grade _____

A. What makes this student seem special to you?

B. Are you aware of any experiences of this student which suggest he has special academic gifts or talents (awards, creations, leadership)? If so, list or describe such experiences.

C. On the following items check the column which, in your estimation best describes the student:

	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Most of the time</u>
1. Learns rapidly and clearly	_____	_____	_____	_____
2. Thinks clearly & logically	_____	_____	_____	_____
3. Reads above grade level	_____	_____	_____	_____
4. Retains what he has heard or read without needing drill	_____	_____	_____	_____
5. Is independent, self-sufficient	_____	_____	_____	_____
6. Is curious, investigative	_____	_____	_____	_____
7. Ask deep, searching questions	_____	_____	_____	_____
8. Has long attention span	_____	_____	_____	_____
9. Produces original products/ideas	_____	_____	_____	_____
10. Prefers complex ideas	_____	_____	_____	_____

