

Stockdale ISD Gifted and Talented Education Program

NOMINATION FORM

Date: \_\_\_\_\_

I, \_\_\_\_\_, nominate the following student to be screened for the Stockdale ISD GT Program.

The person filling out this form is a: \_\_\_\_teacher \_\_\_\_parent \_\_\_\_other\_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Home Campus \_\_\_\_\_ Grade \_\_\_\_\_

A. What behavioral indicators make this student seem special to you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Are you aware of any experiences of this student, which suggest he/she 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:

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