



Curriculum and Instruction Division  
Advanced Academic Services

## Nomination Form

I nominate \_\_\_\_\_ ID# \_\_\_\_\_  
in grade \_\_\_\_\_ at \_\_\_\_\_ School, to be screened for  
\_\_\_\_\_ gifted program.

**Please check the characteristics of giftedness you have observed in the nominee.**

- \_\_\_\_\_ 1. This student has an extensive vocabulary and uses words and illustrations which seem mature for his or her age.
- \_\_\_\_\_ 2. This student can find many ways to solve novel or difficult problems, and quickly evaluate how well a solution is working.
- \_\_\_\_\_ 3. This student seems to know something about a lot of different topics.
- \_\_\_\_\_ 4. This student has in-depth knowledge about a particular area of interest.
- \_\_\_\_\_ 5. This student will work on a project for an extended period of time, ignoring distractions and losing track of time.
- \_\_\_\_\_ 6. This student is very curious and enjoys new and challenging experiences.
- \_\_\_\_\_ 7. This student has a good sense of humor and sees humor in situations others do not see.
- \_\_\_\_\_ 8. This student asks questions which demand answers about how people or things work rather than simple facts.
- \_\_\_\_\_ 9. This student shows ingenuity in using everyday materials in new ways.
- \_\_\_\_\_ 10. This student has high standards and is able to judge the quality of his or her own performance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to the Nominee (Parent, Teacher, Student, etc.)

Please return this form to campus GT Screening Committee Chair before \_\_\_\_\_