



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 _____