

GT Nomination Form

A. Directions: Please complete the GT nomination form along with the *Parent Rating Scale*. Once completed, please place both forms in the appropriate box in your school's office. Your Gifted Resource Teacher will contact you concerning the next step/s.

Student's Name: _____

Date of birth: _____

Grade: _____ School: _____

Date Submitting Form: _____

Teacher's Name _____ School _____

Parent/Guardian's Name _____

Address: _____

Phone number (h): _____ (w): _____

Email address: _____

B. Please check the following area/s in which you believe your student is demonstrating gifted behaviors:

1. Verbal (reading/writing)	
2. Quantitative (math)	
3. Nonverbal (visual spatial perception abilities)	

C. Please check the following reasons why your student needs gifted/talented services:

Not being challenged in classroom	
Needs to be accelerated	
Needs to go more in-depth	
Other	

**D. Have you contacted your child's teacher concerning meeting his/her needs?
(This question is for parents- not teachers!)**

Yes _____ No _____ Comments: _____
