

# Student Nomination Form

## Gifted/ Talented Learners

Big Sandy Independent School District

2009-2010 School Year

I nominate \_\_\_\_\_ to be considered for possible placement in the program services for gifted/talented students. I understand that this nomination does not in any way ensure that this student will be placed in the program.

\_\_\_\_\_  
Printed Name of nominator

\_\_\_\_\_  
Grade of Student  
(If known)

\_\_\_\_\_  
Signature of nominator

\_\_\_\_\_  
Date

It is important that you check your relationship to this student.  
Thank you.

- \_\_\_\_\_ parent
- \_\_\_\_\_ teacher
- \_\_\_\_\_ community member
- \_\_\_\_\_ fellow student
- \_\_\_\_\_ administrator

Testing is for placement in next year's program.