

Student Nomination Form

Gifted/ Talented Learners

Big Sandy Independent School District

2012-2013 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
- _____ community member
- _____ fellow student
- _____ administrator

Testing is for placement in next year's program.