

Wapakoneta City Schools

Talented and Gifted Programs

Nomination Form

Instructions: Check the area (or areas) you believe the student should be screened for possible gifted identification. Then add a short explanation of behaviors or attributes you have observed in the student nominated. Write additional observations you think may be relevant on the back of this form or attach additional pages.

Area	Behavior or Attribute
<input type="checkbox"/> Superior Cognitive Ability	_____
<input type="checkbox"/> Specific Academic Ability: Mathematics	_____
<input type="checkbox"/> Specific Academic Ability: Reading	_____
<input type="checkbox"/> Specific Academic Ability: Writing	_____
<input type="checkbox"/> Specific Academic Ability: Science	_____
<input type="checkbox"/> Specific Academic Ability: Social Studies	_____
<input type="checkbox"/> Creative Thinking Ability	_____

Student Name _____ Grade _____

Building _____ Date Submitted _____

Name of Person Referring _____

Relationship to Student: parent teacher self peer

Permission to Screen/Assess:

(Complete only if nominator is a parent of the nominated student)

I give permission for my child _____ to participate in screening and assessment for possible identification of giftedness.

parent name (please print)

parent signature

date