

GIFTED AND TALENTED EDUCATION

PARENT NOMINATION RESPONSE

(To be filled out at school)

Student You are Nominating:

Student's Name: _____
Last First Middle

Grade _____ Date of Birth _____ School _____

Your Name: _____ Relationship to Student _____

Today's Date: _____

1. Tell us why you feel that your child should participate in the gifted program.

2. Tell us about your child's talents, or things he or she is good at doing.

3. Tell us about your child's interests, or things he or she likes to do.
