Nomination for Gifted Program

Student Name_____**Student Number**_____

Grade_____**DOB** _____ **Free Lunch** _____ **LEP** _____
(yes/no) **(yes/no)**

Check: ☐ **Parent** ☐ **Teacher** **Other (Identify)** _____

Reason for the nomination:

Describe the student's needs beyond the general curriculum which require consideration for a specially designed instruction/curriculum. These needs should include specifically observed or documented areas of strength or proficiency.

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Signature _____ **Date**_____

Name Printed _____