



ONALASKA INDEPENDENT SCHOOL DISTRICT  
GIFTED/TALENTED PROGRAM  
NOMINATION FORM

Campus: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

According to the State Definition:

*Gifted and Talented student means a child or youth who performs or shows the potential for performing at a remarkably high level of accomplishment when compared to others of the same age, experience, or environment and who:*

- Exhibits high performance capability in an intellectual, creative, or artistic area;
- Possesses an unusual capacity for leadership; or
- Excels in a specific academic field (TEC 29.121)

I would like to nominate \_\_\_\_\_ as a candidate for the Gifted and Talented Education Program as defined above.

SIGNATURE \_\_\_\_\_

CIRCLE: Teacher Parent Peer

DATE \_\_\_\_\_

*\*Last Day for Nomination: February 28, 2020*  
**RETURN NOMINATION FORM TO CAMPUS COUNSELOR**