## **COLLEGE STATION INDEPENDENT SCHOOL DISTRICT**

## PARENT/TEACHER NOMINATION FORM FOR GIFTED and TALENTED PROGRAM IDENTIFICATION

Please complete this form if you would like to nominate a student for screening for identification as a participant in the gifted and talented program. The campus Admission/Review/Exit (A.R.E.) committee will review each nominated student's case study on a specific criteria established for placement in the program. Please print or type all requested information and return to the campus elementary Enrichment Specialist or secondary counselor by **January 20**, **2012** (for kindergarten), or March 9 (for students 1<sup>st</sup> grade and above).

Student's Name		Date		
Grade	Campus	Teacher		
Date of BirthYear	 			
Address	et)			
(Stree	et)	(Apt.)		(Zip Code)
Phone Number		E-mail		
Your relationship to	student: Parent Te	acher Peer	_Self	Other
Teacher N	omination Only:			
How long h	ave you taught this stude	ent?		
The following persor	narrative explaining why nal characteristics should all and emotional maturity,	be considered: intelle	ctual curi	
(Signature)				