



Bremond Elementary School Gifted and Talented Program

Gifted & Talented NOMINATION FORM

Student

Birthdate

Grade Level

Homeroom Teacher

Parent/Guardian

Parent/Guardian Phone Number

Person making nomination: _____

Relationship: ___Parent ___Teacher ___Staff Member ___Community Member

I would like to nominate _____ to be assessed for the Gifted and Talented program based upon the following:

Nomination allows this student to be considered for assessment and possible placement in Bremond Elementary School's Gifted & Talented Program.

- I authorize the Bremond Independent School District to include my child in the pool of students to be screened for participation in the Bremond Elementary Gifted & Talented Program. I grant permission for Bremond ISD G/T personnel to gather educational data on my child and to administer the screening instruments (tests) currently being used for G/T identification purposes. I understand that referral is not an assurance of placement.
- I decline testing of my child at this time.

X _____
Parent/Guardian Signature

Date: _____