

2019-2020



Academic Gifted and Talented Program Nomination Form

ALL REQUESTED INFORMATION MUST BE COMPLETED BEFORE SUBMITTING.

Date: _____

Student's Name: _____ Date of Birth: _____

Grade: _____ School: _____

Parents'/Guardians' Names: _____

Address: _____

City: _____ Zip Code: _____

Phone Number(s): _____

Email Address: _____

Name of Nominating Party: _____

Relationship to Student: _____

Has student had an IQ test within the last year? Yes No If so, which test? _____

Has the student been evaluated for this program before? _____ Yes _____ No

School Year Last Evaluated _____ Last Full Evaluation _____ Yes _____ No

Student Currently Participates in: _____ WINGS _____ Gifted Fine Arts

Please indicate if your child has the following: _____ IEP _____ 504

Please take a few moments to describe below the specific talent you think this student demonstrates and the reasons for this nomination.

Signature of Nominating Party: _____ Date: _____

NOTE: Nomination forms must be completed and returned to the building gifted specialist or district [gifted coordinator](#) by the district-wide deadlines of **November 15** (for high school consideration for second semester only) and **December 15** (for consideration at any grade level during the current school year). The deadlines will be honored in order to allow adequate time for the screening and evaluation process to take place.

**The Webster Groves School District will accept one nomination per student
for the duration of the student's enrollment in the district.**