

STOCKBRIDGE PUBLIC SCHOOL DISTRICT G/T PARENT/GUARDIAN NOMINATION FORM

Personal Information

Student Name: _____ Grade: _____

Teacher Name: _____ Date: _____

Your Name: _____

Your Relationship to Student: _____

Address: _____

(H) Phone: _____ (W) Phone: Mother _____ Email _____

(W) Phone: Father _____ Email _____

1. In what area(s) does your child display unusual talent?
2. Please share a brief account of your child's attitude toward school.
3. What are your child's school needs as you see them?
4. What is the school doing to meet these needs?
5. Please list activities in which your child is involved outside of school.
6. In the past, have you talked to any school personnel regarding your child's abilities and needs?
Please list the names of the people you have talked to regarding your child's needs.
7. (Parent/Guardian) Please complete the Inventory on the reverse side of this form. This will be an initial screening of your child and will provide us with valuable information to consider.

I give my permission for further evaluation of my son/daughter.

Parent/Guardian Signature: _____ Date: _____