

Spring Hill Independent School District
Gifted and Talented Program

Student Nomination Form

I nominate _____ to be considered for possible placement in the program services for gifted/talented students. I understand this nomination in no way ensures the student will be placed in the program.

Signature

Student's current grade ___ **Teacher** _____

It is important you check your relation to this student. Thank you.

Parent

Fellow student

Teacher

Self

Community member

Administrator

This form must be returned to the campus office. Requests will be reviewed by the Campus Selection Committee within a timely manner. Requesting parents will be notified of the committee decision by the campus gifted/talented coordinator.

Gifted and Talented Receipt

Committee Receipt

Action date