

# SCHOOL NOMINATION FORM

(To be completed by a teacher, counselor, principal, gifted coordinator, or private psychologist.)

**Discovery** is an academic enrichment program for students in grades K–6. Students who desire challenge, are interested in learning, and have the motivation to succeed are encouraged to apply. Your candid assessment of this student's intellectual and interpersonal abilities plays a vital role in the selection process.

This student is applying for a course which has been designed to meet the needs of students who have been identified as gifted / talented.

Name of student \_\_\_\_\_

This student has been identified or meets the criteria as gifted / talented in the category of:

\_\_\_ superior cognitive; \_\_\_ specific academic; \_\_\_ creative thinking; \_\_\_ visual / performing arts

This student currently participates in a gifted program in the following district

\_\_\_\_\_

This student was identified through the use of (test score information is not required, but helpful):

\_\_\_ standardized achievement test                      test used \_\_\_\_\_                      scores \_\_\_\_\_

\_\_\_ individual / group I.Q. test                      test used \_\_\_\_\_                      student I.Q. \_\_\_\_\_

\_\_\_ teacher checklist

\_\_\_ parent checklist

\_\_\_ demonstrated ability

\_\_\_ portfolio assessment

If this student has not been identified as gifted / talented, does the student have special talents, interests, or abilities which should be considered?

\_\_\_\_\_

\_\_\_\_\_

Nominator \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone (optional) \_\_\_\_\_

## Return this form to:

Wright State University, Office of Pre-College Programs, 3640 Colonel Glenn Hwy., Dayton, OH 45435-0001, (937) 775-3135, FAX (937) 775-4883.