

Triton Regional School District Parent/Student Nomination/Permission to Screen for the Talented and Gifted Program

Date _____ School _____

Dear Parent/Guardian,

The talented/gifted education program at our school seeks to find students who are highly able and advanced. We are currently accepting nominations for screening for the program. Please take a minute, look at the list below, and see if your child does these things most or all of the time.

Please check what applies to your child and give examples of why it applies to your child:

- _____ Wants to know about many things
- _____ Asks "Why?" all the time
- _____ Is interested in things that other children their age are not usually interested in
- _____ Makes up games, songs or puzzles
- _____ Learns new things very fast/quickly/easily

And my child shows these behaviors in the following ways: *(please use the reverse side or other pieces of paper to give more information)*

My child's favorite pastime is

My child's best school subject is

I (wish) (do not want) to nominate my child _____ ,
Child's Name

in _____ class, for screening for the gifted and talented education program.
Teacher's Name or Homeroom

I (do) (do not) give the school permission to screen/test my child for the gifted and talented program.

Parent Name: _____ Signature _____

Date _____

Address _____ City _____ Home phone # _____ email _____