



Peer-Nomination Form

Note: As a nominator, complete the form using the information of the person you are nominating. You will then sign the form at the bottom for completion.

(Children in Grades K-3 may dictate this response to an adult if they desire.)

Referral Date _____

_____	_____
Grade	School Year

A. Name _____
Last **First** **Middle** **Student ID #**

Date of Birth _____ **Grade** _____ **School** _____

1. Tell us why you feel your classmate should participate in the Houston County Gifted Program.

2. Tell us about your classmate's talents or things he/she is good at doing.

3. Tell us about your classmate's interests or things he/she likes to do.

B. TABS FORM

Please complete the TABs form. Return this document and the TABs form to the Gifted Lead Teacher at the school.

Signature

Date