

**Teacher/Parent/Peer/Self/Community Member
Nomination Form
Alvord ISD Gifted/Talented Services**

Student's name: _____ Student's grade: _____

Student's date of birth: _____ Today's date: _____

I hereby nominate _____ to be considered for gifted and talented services offered through Alvord ISD.

I understand that this request is **only one part** of the identification procedures necessary to qualify for these services and that he/she must meet other criteria in order to qualify. If he/she meets the District's criteria and qualifies for gifted services, the student will be eligible to receive gifted services offered by Alvord ISD such as classroom differentiation, enrichment classes, or independent study projects. The gifted and talented coordinator will contact parents/guardians with details about the identification process, tentative schedule of screenings/assessments, and notifications concerning G/T Selection Committee determinations.

Teacher/Parent/Peer/Student/Community Member Signature

_____ **Date** _____

Return to: (any campus office)

Sara Taylor

GT Coordinator

staylor@alvordisd.net

Identification Periods: Fall: Deadline to nominate September Oct-Dec 1 st grade-12 th grade Kinder: (subject to NNAT3 screening) Dec-Mar Kindergarten only Spring: Deadline to nominate January Jan-May 1 st grade-11 th grade

Ongoing Identification Process:
Aug-May Transfer students,
students eligible for
re-nomination, teacher request,
online learners at district
discretion