Houston County Gifted Program

Self-Nomination

Please fill out and return to the Gifted Lead Teacher at your school.

Referral Date _____

_____ Grade _____ School Year

Name _____ _____
Last First Middle Student ID Number

Date of Birth _____ Grade _____ School _____

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

2. Tell us about your talents or things you are good at doing.

3. Tell us about your interests or things you like to do.

_____ _____
Signature Date

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