

Patrick County Public Schools
104 Rucker Street – P.O. Box 346
Stuart, VA 24171

Administrator/Teaching/Counselor Nomination Form Grades K-12

If you wish to initiate a referral for a student to the gifted education program, please complete the following form and return to your school gifted resource teacher.

Please print in black or blue ink only.

Student Name: _____ Date of Birth: _____

School: _____ Current Grade Level: _____

Teacher's Name: _____ Subject: _____

Teacher's Signature: _____ Date: _____

Please answer the following questions:

1. What do you consider to be the outstanding characteristics of this student?
2. Why do you think this individual has special abilities and in what capacity?
3. Cite examples of an outstanding achievement or accomplishment that has been made by this individual.

Additional comments: Please be as specific as possible in commenting on any characteristics, abilities, and/or aptitudes of this student that you feel should be brought to the attention of the identification/placement committee. Use back of this page if needed.