

KILLEEN INDEPENDENT SCHOOL DISTRICT Gifted and Talented Program NOMINATION FORM

	Date of Nomination
Student Name	
Date of Birth	
Relation to Student:	
Student's Grade	Campus
Student's Teacher	ID#
Parent(s) Name(s)	Home Phone
Address	City, State, Zip
Content areas recommended for testing:	
space is needed, you may attach an additiona	Il page to this form.
for my child to be tested for these services.	nominated for the Gifted and Talented Program. I give permission If my child is selected for this program, I give permission for
him/her to participate.	
I decline permission for my child to be	e tested for the Gifted and Talented Program.
Parent/Guardian Signature	Date
Please return this form to your child's camp	us by

THE BRIGHT/GIFTED CHILD

BRIGHT CHILD GIFTED LEARNER

Knows the answers Asks the questions

Is interested Is highly curious

Is attentive Is mentally and physically involved

Has good ideas Has wild, silly ideas

Works hard Plays around, yet tests well

Answers the Questions Discusses in detail, elaborates

Top group Beyond the group

Listens with interest Shows strong feelings and opinions

Learns with ease Already knows

6-8 repetitions for mastery 1-2 repetitions for mastery

Understands ideas Constructs abstractions

Enjoys peers Prefers adults

Grasps the meaning Draws inferences

Completes assignments Initiates projects

Is receptive Is intense

Copies accurately Creates a new design

Enjoys school Enjoys learning

Absorbs school Manipulates information

Technician Inventor

Good memorizer Good guesser

Enjoys straightforward, sequential presentation Thrives on complexity

Is alert Is keenly observant