

TYLER INDEPENDNET SCHOOL DISTRICT
Office of Advanced Studies
PO Box 2035
Tyler, Texas 75701

STUDENT NOMINATION FORM
For Gifted Identification Screening Process

Name: _____ Date: _____ Grade: _____ School: _____

DOB: _____ Sex: _____ Ethnic Origin: _____ ID#: _____

Parent/Guardian: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Classroom Teacher: _____

This nomination is being initiated by:

- Teacher Principal Counselor Instructional Consultant
 Student Parent Other

If other, relationship to student: _____

Signature of Nominating Person: _____

Completion of this form indicates nomination only and does not denote your child's identification