

Garrett County Public Schools
GT PARENT/GUARDIAN NOMINATION FORM
 Elementary-Middle

Parent/Guardian Name _____ Telephone _____

Student Name _____ Teacher _____

School _____ Grade _____ Date _____

Part I: Read the statements carefully and circle the number according to the following:

Key: 5-Always; 4-Consistently; 3- Frequently; 2-Occasionally; 1-Seldom; 0-Never

1.	Uses advanced vocabulary; expresses self well	5	4	1	2	1	0
2.	Thinks quickly	5	4	3	2	1	0
3.	Recalls facts easily	5	4	3	2	1	0
4.	Combines unrelated ideas uniquely	5	4	3	2	1	0
5.	Questions how things work	5	4	3	2	1	0
6.	Asks reasons why; questions almost everything	5	4	3	2	1	0
7.	Displays independence and self-direction	5	4	3	2	1	0
8.	Converses and interacts easily with adults	5	4	3	2	1	0
9.	Expresses a great deal of curiosity	5	4	3	2	1	0
10.	Takes risks in learning activities	5	4	3	2	1	0
11.	Demonstrates a good sense of humor	5	4	3	2	1	0
12.	Shows persistence and task commitment	5	4	3	2	1	0
13.	Displays leadership qualities	5	4	3	2	1	0
14.	Shows self-confidence	5	4	3	2	1	0
15.	Shows initiative and does more than required	5	4	3	2	1	0
16.	Displays a vivid imagination	5	4	3	2	1	0
17.	Strives towards perfection; is self-critical	5	4	3	2	1	0
18.	Concentrates intensely on activities	5	4	3	2	1	0
19.	Justifies own ideas with sound reasoning	5	4	3	2	1	0
20.	Learns quickly with less practice and repetition	5	4	3	2	1	0

Total Points: _____

Part II: Check the area(s) in which your child has special ability or talent that might be developed through participation in the Gifted/Talented Program.

_____ Math
 _____ Social Studies
 _____ Writing
 _____ Music
 _____ Dance

_____ Science
 _____ Reading
 _____ Art
 _____ Drama
 _____ Creativity

_____ Social Skills
 _____ Leadership
 _____ Wisdom
 _____ Technology
 _____ Other

