

VAN BUREN PUBLIC SCHOOLS
Gifted and Talented Program
Nomination Form
Due: January 24, 2007

Student Name _____ Gender: M F
Date Of Birth _____ VBPS Resident: Yes No
School _____ Teacher's Name _____
Current Grade _____
Parents' Names: _____
Address _____ City _____ Zip _____
Phone # Home: _____ Work: _____ Cell: _____
Language spoken in the Home _____
Has this child been tested for G/T in the past? Yes No

Why do you think this child is a candidate for the Gifted and Talented Program?

How will this child benefit from the G/T Program? What problems might s/he have?
Does your child have any special needs? _____

How do you think this child will react in a classroom of children with similar abilities?

Student Nominated by _____

Parent Teacher Principal
(Please Circle)