

AMARILLO ISD GIFTED & TALENTED ACADEMIC PROGRAM
NOMINATION FORM
GRADES K-12

Date _____

Student's Name _____
Last *First*

School _____ Grade _____ Room # _____

Nominated by _____

Relationship _____

PARENT PERMISSION FOR TESTING

I grant permission for _____ to participate in testing necessary to determine
Student's Name
eligibility for the academic gifted education program. I understand that after the total screening is complete I shall be notified if my child does or does not meet the criteria to be placed in the program. My signature also indicates permission for placement if my child does meet the criteria. If I have questions or wish to appeal the decision made by the selection committee I may contact my child's school.

Signature

Parent or Legal Guardian (Please Print) _____

Parent Address _____
Number/Street *Zip*

Home Phone _____ Work Phone _____

Student Birthdate _____ Age _____
Month *Day* *Year*

Screening and assessment is a multi-level process and may take an extended period of time to complete. If qualified for participation, your child will receive differentiated instruction in the four core academic areas. Appropriately challenging curriculum will be provided by trained classroom teachers. At the middle and high school levels, program services are implemented in classes such as IB (International Baccalaureate), AP (Advanced Placement), Pre-AP, and concurrent enrollment. You may inquire at your student's school how program services are provided.