

GIFTED PROGRAM CREATIVE WRITING NOMINATION CHECKLIST

Name of Student	School	Grade	Date
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Person completing this form _____ Teacher _____ Parent _____ Other _____

In your opinion, is this child talented? Yes_____ No_____

(Place a checkmark in the column that describes this child. If you're haven't noticed this attribute, mark **DK** for don't know.)

RATING SCALE

RATING SCALE

[illegible]

GIFTED PROGRAM SPECIFIC ACADEMIC NOMINATION CHECKLIST

Name of Student_____ **School**_____ **Grade**_____ **Date**_____

Person completing this form_____ Teacher____ Parent____ Other_____

Disregarding test results, would you rank this pupil in the upper 3% of his/her class in academic performance? Yes____ No____

In your opinion, is this child gifted? Yes____ No____

(Place a checkmark in the column that describes this child. If you're haven't noticed this attribute, mark **DK** for don't know.)

RATING SCALE

RATING SCALE

[illegible]

GIFTED PROGRAM VISUAL ARTS NOMINATION CHECKLIST

Name of Student	School	Grade	Date
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Person completing this form _____ Teacher _____ Parent _____ Other _____

In your opinion, is this child talented? Yes_____ No_____

(Place a checkmark in the column that describes this child. If you're haven't noticed this attribute, mark **DK** for don't know.)

RATING SCALE

RATING SCALE

[illegible]

GIFTED PROGRAM PERFORMING ARTS NOMINATION CHECKLIST

Name of Student_____ **School**_____ **Grade**_____ **Date**_____

Person completing this form_____ Teacher____ Parent____ Other_____

In your opinion, is this child talented? Yes____ No____

(Place a checkmark in the column that describes this child. If you're haven't noticed this attribute, mark **DK** for don't know.)

RATING SCALE

RATING SCALE

	Don't know	Seldom/ Occasionally	Often	Almost always			Don't know	Seldom/ Occasionally	Often	Almost always
ITEMS TO BE EVALUATED						ITEMS TO BE EVALUATED				
Brings new ideas to routine musical work						Has an ability to sing a melody at an early age				
Is confident when improvising						Attends musical performances				
Captivated by sound and engages fully with music						Selects an instrument with care and is unwilling to give it up				
Finds it difficult to not respond physically when hearing music						Sings and plays music with a natural awareness of the music making sense				
Memorizes music quickly without any apparent effort and can repeat more complex rhythmical, melodic phrases, or melodies only heard once						Demonstrates the ability to communicate through music, e.g. sing or play with musical expression and with confidence, independently				
Develops creative works						Has a keen ear for music				
Attends musical performances						Spends a great deal of leisure time listening to or performing music				
Quickness in remembering rhythmic patterns										
Can produce music that 'sounds right' and that communicates an intended mood						Displays an interest in a wide genre of music from different times, places, cultures and within different types of music				
Instinctively tries to find known tunes using an instrument						Creates original verse or music				
Works independently and in groups						Expresses musical thoughts through creative body movement				
Participates in musical activities outside school setting						Participates in solo or ensemble contests or community performances				
Receives honors						Exhibits leadership qualities				

GIFTED PROGRAM LEADERSHIP NOMINATION CHECKLIST

Name of Student_____ **School**_____ **Grade**_____ **Date**_____

Person completing this form_____ Teacher____ Parent____ Other_____

In your opinion, is this child talented? Yes____ No____

(Place a checkmark in the column that describes this child. If you're haven't noticed this attribute, mark **DK** for don't know.)

RATING SCALE

RATING SCALE

[illegible]

HOLDENVILLE PUBLIC SCHOOLS **GIFTED & TALENTED STUDENT SUMMARY SHEET**

Name of Student_____ **School**_____ **DOB**_____ **Gender**_____

Parent/Guardian's Name_____ **Phone number**_____

Address_____

Address

City

Zip Code

Student's Ethnicity: (circle one) American Indian; Asian; Black; Hispanic; White; Undesignated

What language is spoken in the student's home most of the time?_____

Person nominating student_____ **Teacher**_____ **Parent**_____ **Student**_____ **Other**_____

This child was nominated_____ **and was/was not placed in the Gifted & Talented program on**_____.

Date

Date

GRADE							
TEACHER							
Placement Categories							
Category 1 (copy of ability test--composite or IQ score in top 3%)							
Category 2 Multicriteria							
Talented Checklist (completed by student)							
Examples of Student Work							
Specific Academic Gifted Program Academic Nomination Checklist							
Visual Arts Gifted Program Visual Arts Nomination Checklist							
Fine Arts Gifted Program Performing Arts Nomination Checklist							
Creative Thinking Gifted Program Creative Writing Nomination Checklist							
Leadership Gifted Program Leadership Nomination Checklist							
Copy of Achievement Test Scores							