Zapata County Independent School District

STUDENT NOMINATION FOR THE G/T PROGRAM Gifted and Talented Education



Student's Name	Date of Birth	Campus
Student's Identification Number	Sex	Grade
Student's Address (PO Box, street, cit	y, state, zip code)	Telephone Number
Teacher		
Nominated by	Relation	nship to Student
Has student been tested previously for a	a gifted/talented prog	gram:YesNo
If yes, where	when	
Indicate the primary reason for retained the GATE Program.	ferring this studer	nt for possible participation in
I fully realize this nomination alone program. This nomination only indica considered as a possible candidate.		
	Signature of	Person Making Nomination

Zapata County Independent School District GIFTED AND TALENTED EDUCATION

Parent Permission to Test Form

Date:	
Student Name:	Grade:
Student ID #	Date of Birth:
School:	
Classroom Teacher:	
**********	**************
assessment process for possible plassessment process involves the u	participate in the ZCISD GATE Program lacement in the program. I am aware that the utilization of my child's aptitude test scores, a ages, a teacher observation survey, and student
Parent /Guardian Signature	Date
My child <u>does not</u> have my permiss assessment process for possible pla	sion to participate in the ZCISD GATE Program cement in the program.
Parent /Guardian Signature	Date