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	Relationship to Student		
Has student been tested previously for a	a gifted/talented prog	gram:YesNo		
If yes, where	when			
Indicate the primary reason for ref the GATE Program.	ferring this studer	nt for possible participation ir		

I fully realize this nomination alone does not mean this student will be accepted into the program. This nomination only indicates that I would like for the above-named student to be considered as a possible candidate.

Date

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:		

My child has my permission to participate in the ZCISD GATE Program assessment process for possible placement in the program. I am aware that the assessment process involves the utilization of my child's aptitude test scores, a nonverbal ability test, grade averages, a teacher observation survey, and student work products, if applicable.

Parent /Guardian Signature Date

My child <u>does not</u> have my permission to participate in the ZCISD GATE Program assessment process for possible placement in the program.

Parent /Guardian Signature

Date