



Student Support Services
Student Nomination Form

Student Name: _____ Date of Birth: _____ Date: _____
School: _____ Grade: _____

This student is being nominated for consideration for placement in Alachua County’s gifted program. Please consider the following characteristics in relation to this student and check those characteristics which describe this student.

Leadership

- Shows initiative & independence of action
- Accepts & carries responsibility
- Influences peers

Motivation

- Persistent in tasks
- Keen interest in a variety of topics & activities
- Concerned with right & wrong, fairness

Creativity

- Is curious
- Shows imagination
- Has a keen sense of humor

Academic Performance

- Knowledgeable on a variety of topics
- Is observant
- Uses an advanced vocabulary & asks questions

Environment Indicators:

Socioeconomic Status

- Full Pay Lunch
- Reduced Lunch
- Free Lunch

Limited English Proficient (Must include a copy of Home Language)

- LY (Student is LEP & enrolled in ESOL)
- LF (Former LEP student who is being monitored)

Please share any additional information which would help us better understand this student.

Signature: _____ Date: _____