MAINE SCHOOL ADMINISTRATIVE DISTRICT #6

94 Main St, Buxton, ME 04093 Phone: (207) 929-3831 Fax: (207) 929-5955

PARENT GATES NOMINATION FORM

Nomination for Gifted and Talented Education For 3rd, 5th and 8th grade students.

If you would like to nominate a child for Gifted and Talented Identification, please answer the following questions. Return this form to the Building Principal by March 30. The GATES Child Study Team (CST) will use this information in the screening process. Thank you.

mank you.		
Name: Parent/Guardian:	Age:	School: Telephone:
Please share the child's interest	ests, projects or hol	bbies.
What are the child's strength	s?	
How would you describe the	child's learning ne	eeds?
Please describe briefly an exa	ample of the each o	of the following:
Child's ability to learn-		
Creative thinking-		
Curiosity-		
Persistence-		
Is there anything else about to	he child that you th	nink would be helpful to know?
□ Please notify	me regarding the (Child Study Team's decision.