

Stafford Municipal School District PEAK NOMINATION FORM

STUDENT'S NAME: _____ GRADE: _____ DATE: _____

(Check One Only):

PRIMARY _____ ELEMENTARY _____ INTERMEDIATE _____ MIDDLE _____ HIGH _____

Nomination made by

Last Name

First Name

Middle Initial

(Check One Only):

Administrator _____ Counselor _____ Teacher _____ Parent _____ Student _____ Other _____

1. This student is being nominated for: Academic PEAK Assessment (K-11th Grade) _____ Visual Arts PEAK Assessment (7th-11th Grade) _____

2. What makes this student seem unique to you?

3. Are you aware of any experiences of this student that suggests he/she has special gifts or talents (early reading, creations, activities, leadership, artistic accomplishments, etc.)? Describe in specific terms.

4. Do you feel this student would enjoy and benefit from a gifted and talented program involving cross-age grouping, mentoring, high level of thinking skills, independent projects and contracts?

Yes _____ No _____ If yes, please explain why.

5. For each item listed below, check the column which best describes the student.

	Rarely	Occasionally	Often	Most of the Time
A. Learns rapidly and easily.	_____	_____	_____	_____
B. Thinks clearly, recognizes implied relationships, comprehends meaning.	_____	_____	_____	_____
C. Uses memory as a cognitive strength.	_____	_____	_____	_____
D. Is independent, individualistic, self-efficient.	_____	_____	_____	_____
E. Asks penetrating, searching questions.	_____	_____	_____	_____
F. Rapidly acquires language when given the chance.	_____	_____	_____	_____
G. Interested in social issues, equity, and justice.	_____	_____	_____	_____
H. Excels in artistic activities.	_____	_____	_____	_____
I. Uses materials in unique and different ways.	_____	_____	_____	_____
J. Prefers practical problem solving and is interested in cause and effect.	_____	_____	_____	_____

