HOPE[1] Nomination Scale

Name: **Grade:** **School:**

Date of Birth: **Age:** **Sex:**

When rating students on each item below please think about your child *compared to other children similar in age, experience, and/or environment.*

Use the following scale to indicate how frequently you observe the traits and behaviors listed in items 1 – 11.

6 = always 5 = almost always 4 = often 3 = sometimes 2 = rarely 1 = never

	6	5	4	3	2	1
1. Performs or *shows potential* for performing at remarkably high levels.	☐	☐	☐	☐	☐	☐
2. Is sensitive to larger or deeper issues of human concern.	☐	☐	☐	☐	☐	☐
3. Is self-aware.	☐	☐	☐	☐	☐	☐
4. Shows compassion for others.	☐	☐	☐	☐	☐	☐
5. Is a leader within his/her group of peers.	☐	☐	☐	☐	☐	☐
6. Is eager to explore new concepts.	☐	☐	☐	☐	☐	☐
7. Exhibits intellectual intensity.	☐	☐	☐	☐	☐	☐
8. Effectively interacts with adults or older students.	☐	☐	☐	☐	☐	☐
9. Uses alternative processes.	☐	☐	☐	☐	☐	☐
10. Thinks “outside the box.”	☐	☐	☐	☐	☐	☐
11. Has intense interests.	☐	☐	☐	☐	☐	☐

Please indicate all content areas where the student shows talent:

☐ Math ☐ Reading ☐ Creative Writing ☐ Social Studies

☐ Science ☐ World Languages ☐ Arts ☐ Other:

Please provide additional information about your child’s potential:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

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