

IOLA INDEPENDENT SCHOOL DISTRICT

P. O. BOX 159
Iola, Texas 77861
(936) 394-2361

Jeff Dyer
Superintendent

Brian Fowler
Secondary Principal

Hollie Guilbeau
Elementary Principal

PARENT/TEACHER NOMINATION FORM FOR GIFTED and TALENTED PROGRAM IDENTIFICATION

Please complete this form if you would like to nominate a student for screening for identification as a participant in the gifted and talented program. The campus Admission/Review/Exit (A.R.E.) committee will review each nominated student's case study on specific criteria established for placement in the program. Please print or type all requested information and return to the school counselor by January 30, 2025.

Student's Name: _____ Date: _____

Grade: _____ Campus: _____

Teacher: _____ Date of Birth: _____

Address _____

Phone Number: _____ Email: _____

Your relationship to the student: Parent _____ Teacher _____ Peer _____ Self _____

Teacher Nomination Only:

How long have you known this student: _____

Please write a short narrative explaining why you are nominating this student for identification. The following personal characteristics should be considered:

Intellectual Curiosity; Enthusiasm for knowledge; Social and emotional maturity; Communication Skills

Signature: _____

Date: _____