Date Submitted: _____

School: _____

School Year: _____

Grade:_____

(Complete 1 per grade level)

Davidson County Schools
Academically/Intellectually Gifted Program
Nomination Log

Confidential Record

																	"X" to indicate areas of service. Leave blank if not applicable.		
							Aptitude Test Percentile				Achievement Test Percentile		Classroom Performance		Area of ID				
Name of Students	(last, first)	NC Wise #	DOB	Grade	Gender	Race	V	Q	NV	C	Reading	Math	Reading	Math	R	M	AIG 1 Date	Other EC ID	

Signature (AIG Teacher

Signature (Teacher Rep)

Signature (Guidance Counselor)

Signature (Principal)

Signature (Teacher Rep)

Signature (Teacher Rep)

Date

1 copy to Principal; 1 copy to Elementary District Office