TEACHER NOMINATION CHECKLIST
FOR GIFTED AND TALENTED
SPRING 2___ TESTING

NAME OF TEACHER: _____ **GRADE:** _____ **CAMPUS:** _____

Please list the students alphabetically. Place a check in each box marked with an (*) as you receive or complete each form.
Please return all paperwork by student in the order listed.

Name of Student	*Student ID #	*Date of Birth	Chronological Age	*Nomination Form	*Permission to Test	*Scales for Rating the Behavioral Characteristics of Superior Students	*Parent Inventory	NNAT Score	ITBS Reading	ITBS Math	Torrance
1.				☐	☐	☐	☐				
2.				☐	☐	☐	☐				
3.				☐	☐	☐	☐				
4.				☐	☐	☐	☐				
5.				☐	☐	☐	☐				
6.				☐	☐	☐	☐				
7.				☐	☐	☐	☐				
8.				☐	☐	☐	☐				
9.				☐	☐	☐	☐				
10.				☐	☐	☐	☐				
11.				☐	☐	☐	☐				
12.				☐	☐	☐	☐				
13.				☐	☐	☐	☐				
14.				☐	☐	☐	☐				