Gifted and Talented Program

Mineral Springs School District
PO Box 189
Mineral Springs, AR 71851

2018- 2019 Nomination Form

Referring as: (Please check one):

Teacher _____

Parent/Guardian _____

Other _____

Grade_____

Student's Name _____

Please take a few minutes to review these characteristics of gifted students attached. Please think carefully about your referral. Please explain below reasons for the referral.

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* This form must be completed and returned to the above address to initiate the identification process.