

Highly Capable Nomination Form

Cosmopolis School District

Nomination for the Highly Capable Program

Name: _____ Date: _____

Name of student nominated _____

Teacher of Student: _____ Grade level of student: _____

What special talents or skills does the student have? _____

Give examples of behavior that illustrates this. _____

B. What Areas of Gifted best describes this student. Circle all that Apply

[Creative Thinking](#)

[Leadership](#)

[Specific Academic Ability](#)

[General Intellectual Ability](#)