

# Bovina Independent School District Advanced Academics Gifted and Talented Nomination Form

Please complete this form to nominate a student for identification assessment to be a participant in the Gifted and Talented Program in Bovina ISD. Please print or type all requested information and return to Bovina ISD Advanced Academics, P.O. Box 70, Bovina, TX 79009 or 500 Halsell, Bovina TX 79009.

Student's First Name	Middle Name	Last Name
Date of Birth	Student's Current Age	Parent/Guardian Name
Current Street Address/Apt. #/P.O.	City	Zip Code
Current Campus	Current Grade	Current Homeroom Teacher

Please write a short narrative explaining why you are nominating this student for Gifted and Talented Identification. Use the back of this page for additional space, if needed.

Signature of Person Making Nomination	Relationship to Student
Printed Name of Person Making Nomination	Date
E-mail Address	Phone Number

**Note: The Nomination form is 1 of 2 forms needed per assessment procedures. We must also have a parent signature on the Permission to Test form unless assessments are administered for all students.**

# Bovina Independent School District Advanced Academics Parent Permission to Test Form

Please print or type all requested information and return to Bovina ISD, P.O. Box 70,  
Bovina, TX 79009 or 500 Halsell Bovina TX 79009.

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Student's First Name	Middle Name	Last Name
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Campus	Grade	Homeroom Teacher
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Student ID Number	Date of Birth	Student's Age
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Is a parent/legal guardian of this student currently serving in the military?      Yes or  No

Does this student have Special Education needs? If yes, please specify \_\_\_\_\_ or  No

Does this student speak a language other than English? If yes, please specify \_\_\_\_\_ or  No

Possible but not limited to the following assessment instruments:

- Slosson Intelligent test R3
- Naglieri Test of Nonverbal Ability
- Iowa Test of Basic Skills (ITBS)
- Portfolio Assessment

I give permission for my child to be screened and/or tested for the  
Bovina Independent School District Advanced Academics Program.

Parent/Guardian Signature:
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Date
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E-mail Address:
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Phone Number:
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