

GIFTED AND TALENTED PROGRAM  
Cheyenne-Eagle Butte School



REFERRAL/ NOMINATION FORM

I would like to nominate \_\_\_\_\_ for the Gifted & Talented Program.

student name

Student Info: \_\_\_ Male \_\_\_ Female      Date of Birth \_\_\_\_\_

Please check only one area:

- Intellectual Ability
- Creativity/Divergent Thinking
- Academic Aptitude/Achievement (area \_\_\_\_\_)
- Leadership
- Visual and Performing Arts (area \_\_\_\_\_)

Reason(s) for nominating this person:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_