



Mountain Home Public Schools

Gifted and Talented Education (GATE) Program

Gifted Education Program Referral Form (Parent/Community Member)

Student _____ ID number _____

Grade _____ Date of Birth _____

Parents/Guardian _____

Telephone _____ work _____

Address _____

I _____, wish to nominate _____

For placement into the Mountain Home Gifted and Talented Education Program

I feel this student shows several of the characteristics most often evident in identified gifted students as shown in the summary on the reverse of this sheet.

What is there about this child that made you want to nominate him/her for the gifted education program?

Additional comments:

Signature _____ Date _____