



Teacher Nomination Form

Teacher Name:	
Student Name:	
Current school:	

Please provide further details

Student achieves at a high level in their academic endeavours.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student is capable of learning new and complex content quickly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student engages well and takes responsibility for own learning.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student has high level attendance and good behaviour.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student enjoys participating in extension learning opportunities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

To your knowledge, has this student:

Been identified as Gifted / High Performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been involved in Extension Programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participated in academic extra-curricular activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature:

Date: