

Nomination

Student

School

Grade

DOB

Age

Sex

Race

Parent(s)/Guardian(s)

Address

City

NC Zip

Telephone (H)

(W)

(Cell)

Teacher

Person nominating student

Please provide the following information, as available.

_____ Photocopy of test record

Student Performance	Grade or Score
ELA	
Current Grade	
Previous Year Average	
mClass level	
Math	
Current Grade	
Previous Year Average	

Student Achievement			Score % ile
ELA			
Test	Grade	Date	
EOG/EOC			
EOG/EOC			
EOG/EOC			
iReady			
iReady			
iReady			
Math			
EOG/EOC			
EOG/EOC			
EOG/EOC			
iReady			
iReady			
iReady			

Comment briefly on the student's strengths. Use space on back as needed.

Comment briefly on the student's needs or weaknesses. Use space on back as needed.