

**Buncombe County Schools
Academically/Intellectually Gifted Programs
Self-Nomination for Gifted Service for K-12**

Student _____

Grade _____

School _____

School Year _____

Date of Birth _____

Student Number _____

Homeroom Teacher _____

Nominated By _____

Parent/ Guardian Name _____

Phone Number _____

Instructions: Please rate yourself a one to a five. (One is the least like me; five is the most like me.) Make sure you put only one score for each item and do not leave any blank.

I...

- | | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> am curious about many things. | <input type="checkbox"/> set short-term and long-term goals for myself. |
| <input type="checkbox"/> complete assignments ahead of time. | <input type="checkbox"/> am a risk-taker. |
| <input type="checkbox"/> am bored much of the time with usual classroom assignments. | <input type="checkbox"/> have a good memory and recall information easily. |
| <input type="checkbox"/> question authority and the system. | <input type="checkbox"/> have difficulty explaining my thought process to others. |
| <input type="checkbox"/> hide my abilities and intelligences. | <input type="checkbox"/> feel frustrated when things do not go my way. |
| <input type="checkbox"/> please the teachers. | <input type="checkbox"/> feel impatient with others when I work in a group. |
| <input type="checkbox"/> am independent, self-directed learner. | <input type="checkbox"/> am responsible. |
| <input type="checkbox"/> am extremely creative in thought and in action. | <input type="checkbox"/> am organized. |
| <input type="checkbox"/> have many out-of-school interests or passions. | <input type="checkbox"/> worry about social and global issues. |
| <input type="checkbox"/> have the abilities but not the desire to complete my work. | <input type="checkbox"/> am considered a good-listener by my friends. |
| <input type="checkbox"/> am awkward or afraid to participate in class. | <input type="checkbox"/> have wild and silly ideas. |
| <input type="checkbox"/> am self-confident and have a positive self-concept. | <input type="checkbox"/> prefer the company of adults. |
| | <input type="checkbox"/> am highly self-critical. |

**Buncombe County Schools
Academically/Intellectually Gifted Programs
Self-Nomination for Gifted Service for K-12**

Check areas in which you think you have special abilities or talents and explain why you think you have special abilities or talents in these areas.

_____ Linguistic: sensitivity to spoken and written language, the ability to learn languages, and the capacity to use language to accomplish certain goals.

_____ Logical/Mathematics: sensitivity to logical patterns and relationships, statements and propositions (if-then, cause- effect), and number sense.

_____ Musical: sensitivity to the rhythm, pitch or melody, and timbre or tone color of a musical piece.

_____ Bodily/Kinesthetic: expertise in using ones whole body to express ideas and feelings and facility in using ones hands to produce or transform things.

_____ Spatial/Visual: sensitivity to color, line, shape, form, space, and the relationships that exist between these elements; it also includes the capacity to visualize.

_____ Naturalist: expertise in the recognition and classification of the numerous species of an individual's environment.

_____ Existential: sensitivity to philosophical questions regarding human existence and life's larger questions.

Optional Comments: _____

Signature of student completing this form: _____ Date: _____

For AIG Specialist Use Only: Date Received: _____	AIG Specialist's Signature: _____
------------------------------------------------------	-----------------------------------