

**Buncombe County Schools
Academically/Intellectually Gifted Programs
Self-Nomination for Gifted Services (Grades K-12)**

Student _____	Grade _____
School _____	School Year _____
Date of Birth _____	Student Number _____
Classroom Teacher _____	Nominated By _____
Parent/ Guardian Name(s) _____	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. |

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Check areas in which you think you have special abilities or talents. For any area you check, please use the comments area to 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.

Comments: _____

Signature of student completing this form: _____ Date: _____

For AIG Specialist Use Only Date Received: _____ AIG Specialist’s Signature: _____
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