

PARENT REFERRAL/RECOMMENDATION FOR GIFTED AND TALENTED EDUCATION

Child's name: \_\_\_\_\_

Name of person filling out the form: \_\_\_\_\_

Please indicate, on a scale of 1 to 4, the extent to which the following characteristics describe your child.

1 = never                      2 = sometimes                      3 = often                      4 = always

- Good problem solving/reasoning abilities \_\_\_\_\_
- Rapid learning ability \_\_\_\_\_
- Extensive vocabulary \_\_\_\_\_
- Excellent memory \_\_\_\_\_
- Long attention span \_\_\_\_\_
- Compassion for others \_\_\_\_\_
- Perfectionism \_\_\_\_\_
- Prefers to play with younger children \_\_\_\_\_
- Prefers to play with older children \_\_\_\_\_
- Concerned with justice and fairness \_\_\_\_\_
- Strong curiosity \_\_\_\_\_
- Perseverant (stays with something for a long time) when interested \_\_\_\_\_
- Great sense of humor \_\_\_\_\_
- Wide range of interests \_\_\_\_\_
- Keen powers of observation \_\_\_\_\_
- Early or avid reader \_\_\_\_\_
- Has a vivid imagination \_\_\_\_\_
- Ability with numbers \_\_\_\_\_
- High degree of creativity \_\_\_\_\_
- At times judgment seems mature for age \_\_\_\_\_
- Emotionally sensitive \_\_\_\_\_
- Tends to question authority \_\_\_\_\_
- Is respectful of authority \_\_\_\_\_

I give permission for my child to be tested for GATE at school during school hours:

\_\_\_\_\_ date \_\_\_\_\_

Add extra information and comments on the back of this form