

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