



Gifted Services Parent Information Form



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|---------------|---------|--------|
| Student Name: | School: | Grade: |
|---------------|---------|--------|

Parents know their child best and we would like to offer an opportunity to do the following for each behavior listed below:

- For each statement below, check the appropriate box to indicate how often you notice each behavior.
- Then, share an example of when you observed this behavior to help us learn about your child outside of the school setting.

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| <p>1. My child comes up with imaginative or unusual ways of doing things.</p> <p><input type="checkbox"/> Consistently <input type="checkbox"/> Often <input type="checkbox"/> Sometimes</p> |
| <p>2. My child likes challenging problems, assignments, issues, and/or materials.</p> <p><input type="checkbox"/> Consistently <input type="checkbox"/> Often <input type="checkbox"/> Sometimes</p> |
| <p>3. My child can focus on a topic for a long period of time to learn a lot about it.</p> <p><input type="checkbox"/> Consistently <input type="checkbox"/> Often <input type="checkbox"/> Sometimes</p> |
| <p>4. My child is intellectually curious, asks thoughtful questions, and seeks answers to problems and issues.</p> <p><input type="checkbox"/> Consistently <input type="checkbox"/> Often <input type="checkbox"/> Sometimes</p> |
| <p>5. My child surprises me with his or her knowledge or connections.</p> <p><input type="checkbox"/> Consistently <input type="checkbox"/> Often <input type="checkbox"/> Sometimes</p> |
| <p>6. Please list any of your child's intellectual hobbies or special interests:</p> |
| <p>Please offer anything else you would like us to know about your child.</p> |
| <p>Parent/Guardian Signature: _____ Date: _____</p> |
| <p>Return form to Resource Teacher for the Gifted by: _____</p> |

