

CHECKLIST FOR PARENT IDENTIFICATION OF GIFTED AND TALENTED STUDENTS

Student's Name	Grade
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SECTION A: Please pick the category you think best describes your child.

CATEGORIES: (1) most of the time (2) often (3) occasionally (4) rarely

	Characteristic	1	2	3	4
1	Has advanced vocabulary, expresses self clearly and fluently.				
2	Thinks quickly.				
3	Recalls facts easily.				
4	Wants to know how things work				
5	Is an avid reader.				
6	Puts unrelated ideas together in new and different ways.				
7	Becomes bored easily.				
8	Ask reasons why-questions almost everything.				
9	Likes grown-up things and to be with older people.				
10	Has a great deal of curiosity.				
11	Is impulsive-acts before thinking.				
12	Is adventurous.				
13	Tends to dominate others if given a chance.				
14	Is persistent. Sticks to task.				
15	Has good physical coordination and body control.				
16	Is independent and self-sufficient.				
17	Has a good sense of humor.				
18	Reasons.				
19	Has a wide range of interest.				
20	Shows initiative.				
21	Seeks own answers and solutions to problems.				
22	Has a great interest in the future and/or world problems.				
23	Follows complex directions.				
24	Is prepared to take some social risks.				
25	Is a leader. Please provide supporting information on back or on attached form.				
26	Enjoys complicated games.				
27	Sets high goals for self.				
28	Invents and builds new mechanical devices.				
29	Uses imagination in play/work..				
30	Has a broad attention span which allows concentration on and perseverance in problem solving and pursuit of interests.				

SECTION B

	Characteristic	Yes	No
1	Did your child read before starting school? If the answer is YES, was the child self-taught?		
2	Does your child play a musical instrument? If so, which instrument?		
3	In what outside activities does your child participate?		
4	What are your child's special hobbies or interests?		
5	What books has your child enjoyed reading lately?		
6	Has high interest in: (check all that apply) <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Visual Art <input type="checkbox"/> Music <input type="checkbox"/> Dance <input type="checkbox"/> Drama		

Please make comments, where appropriate, on any of the following. Your child's:

- Unusual accomplishments – present or past
- Special talents
- Relationships with others
- Preferred activities when alone
- Special problems and needs
- Special opportunities
- Language/cultural background

Note: This checklist may require interpretation for non-English speaking parents.