Gifted Referral Parent Questionnaire

Parent and Family Information:

Today’s Date: ________________________________

Student Name: _______________________________ Birthdate: ___/___/____  Age: _____

Address: ___________________________________ Phone: ________________ (h)

________________________________________   Phone: ________________ (c)

Parent/Guardian: _______________________________ Grade: _______

General Information:

1. Please describe any areas or topics in which your child shows deep interest and self-directed learning. Some examples are math, writing, athletics, geography, etc. ________________________________

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2. Please describe any special talents or skills that your child has. ________________________________

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3. Please describe any camps, classes, or clubs that your child has participated in or still participates in (for example, Scouts, Church groups, Enrichment camps, sports camps, etc.). ________________________________

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4. Please describe any hobbies or special collections that your child has. ________________________________

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5. Please list any academic awards and/or leadership positions that your child has received or is involved in.

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6. Please describe anything else you would like us to know about your child. _______________________

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