




Student _____ Campus: _____ Grade: K 1 2 3 4

Parent Signature: _____ Date: _____

As part of Gifted Programs GT screening, parents of K-4 students are asked to provide input for consideration by the Campus GT Placement Committee. Please respond to each of the statements that follow by carefully following the directions. Please feel free to add comments if you would like to provide justification for any of your responses, but it is not required.

Directions: Give us an idea of how FREQUENTLY your child exhibits each of the following behaviors when he or she is with you by placing a check mark \checkmark in only ONE of the descriptors listed. It is imperative that you not project how you think they respond in the educational setting. This instrument is used to capture the time away from the classroom.

 Student's Name:	I have never observed this	I have seen this once or twice	I see this every once in awhile	I see this consistently
Keenly observant				
Draws inferences				
Discusses in detail, elaborates				
Asks many questions about a variety of subjects				
Expresses strong feelings and opinions				
Plans and organizes activities				
Leadership				
Intensely curious				
Critically analyzes self				
Produces creative, unique stories, projects, etc.				
Persistent, sticks to a task				
Independent and self-sufficient				
Advanced vocabulary				
Wants to know how things work				
Becomes absorbed and truly involved in certain things				
Enjoys time alone				
Relates to peers				
Relates to adults				
Initiates personal reading outside of school				
Shows imagination				
Solves real world problems				
Makes connections in reference to past and future				