



## Secondary Gifted Program PARENT CHECKLIST



Student Name: Last			First Name:			MI:	Sex <b>M</b> <b>F</b>		Ethnicity		
Language Spoken at Home				Campus				School Year			
Parent Name				Telephone #		Work #			Student Birth Date:		
Street Address:						E-mail address					
City	State <b>TX</b>	Zip	Student ID Number			Current Grade 5   6   7   8   9   10   11   12					

I give my permission for the district to collect additional information about my child. I also give permission for my child to be served in the GT Program if he/she is identified for placement.

Parent/Guardian Signature	Date
---------------------------	------

**IMPORTANT: Return to your campus by November 12, 2021 at 3:30 p.m. This is a firm deadline.**

Check the box for each content area for which you request screening. Write the name of your child's current content area teacher(s) (if known) in the blank(s) provided:

**Screen my child in the following content areas:**

- |                          |                           |                                 |
|--------------------------|---------------------------|---------------------------------|
| <input type="checkbox"/> | G/T English/Reading _____ | Current English/Reading Teacher |
|                          | G/T Math _____            | Current Math Teacher            |
|                          | G/T Science _____         | Current Science Teacher         |
|                          | G/T Social Studies _____  | Current Social Studies Teacher  |

**Directions:**

**Circle the number that best describes your child. Please provide an example where indicated.**

4 = My child demonstrates this trait most of the time. 3 = My child demonstrates this trait frequently.

2 = My child rarely demonstrates this trait.

1 = My child does not have this trait.

**My child . . .**

1. Advanced vocabulary for age or grade level.	1	2	3	4
2. Keen observer, "gets more" out of story, video, etc. than others.	1	2	3	4
3. Displays a sense of humor; sometimes in situations that may not be humorous.	1	2	3	4
4. Generates many ideas or solutions to problems: unusual or clever responses.	1	2	3	4
5. Reasons things out; logical and common sense answers.	1	2	3	4
6. Has insight into cause-effect relationships; tries to discover the how and why.	1	2	3	4
7. Is curious about many things; is constantly asking questions.	1	2	3	4
8. Possesses a large storehouse of knowledge and recall of factual information.	1	2	3	4
9. Is persistent in task completion. (Sometimes difficult to move to another topic)	1	2	3	4
Example:				
10. Initiates independent learning and prefers above-level materials	1	2	3	4
Example:				

Has your child previously been screened for the Katy ISD GT Program? Yes or No

If yes, at which campus? \_\_\_\_\_ School year \_\_\_\_\_

Is your child currently served in any other special programs? Yes or No

If yes, identify program \_\_\_\_\_

What other information would you like us to know about your child?

---

---

---

---

**For office use only:**

1's                      2's                      3's                      4's  
\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_