



Elementary Kindergarten GT Program

PARENT CHECKLIST



Student Last Name:	Student First Name:	MI:	M/F	Birth Date:	
Language(s) Spoken at Home:	Campus:	Student ID Number:		School Year:	
Parent Name:	Primary Phone #:	Alternate Phone #:			
Street Address:	City:	State:	Zip:		
		TX			
Email Address:	Current Grade:	Teacher:			

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:
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Directions: Select the number that best describes your child.

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 demonstrate this trait.



My Child ... Please provide an example where indicated.

1. Advanced vocabulary for age or grade level.
2. Keen observer, "gets more" out of a story, video, etc., than others.
3. Displays a sense of humor; sometimes in situations that may not be humorous.
4. Generates many ideas or solutions to problems; has unusual or clever responses.
5. Discovers cause-effect relationships; reasons using logic and common sense.
6. Is persistent in task completion. Sometimes finds it difficult to move to another topic.
7. Plans and/or organizes when playing and exhibits leadership skills.
8. Possesses a large storehouse of knowledge and recall of factual information.
9. Is curious about many things; is constantly asking questions.

Example:

10. Initiates independent learning and prefers above level materials.

Example:

Has your child previously been screened for the Katy ISD GT Program? Yes No
If yes at which campus: What school year?
Is your child currently served in any other special programs? Yes No If yes which one?
What additional information about your child would you like for us to know?

For Office Use Only:	1	2	3	4	Total