



## Secondary Gifted Program PARENT CHECKLIST



|                         |                    |     |                   |                |               |                     |  |
|-------------------------|--------------------|-----|-------------------|----------------|---------------|---------------------|--|
| Student Name: Last      |                    |     | First Name:       |                | MI:           | Sex                 |  |
| Language Spoken at Home |                    |     | Campus            |                |               | School Year         |  |
| Parent Name             |                    |     | Telephone #       | Work #         |               | Student Birth Date: |  |
| Street Address:         |                    |     |                   | E-mail address |               |                     |  |
| City                    | State<br><b>TX</b> | Zip | Student ID Number |                | Current Grade |                     |  |

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: Please return by the published deadline. Late checklists will not be accepted.**

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:**

- |                                  |  |                                 |
|----------------------------------|--|---------------------------------|
| GT Reading/English Language Arts |  | Current English/Reading Teacher |
| GT Math                          |  | Current Math Teacher            |
| GT Science                       |  | Current Science Teacher         |
| GT Social Studies                |  | Current Social Studies Teacher  |

- 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 have this trait.

Please provide an example where indicated.

**My child . . .**

|   |  |
|---|--|
| 1. Advanced vocabulary for age or grade level.                                      |  |
| 2. Keen observer, "gets more" out of 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: unusual or clever responses.      |  |
| 5. Reasons things out; logical and common sense answers.                            |  |
| 6. Has insight into cause-effect relationships; tries to discover the how and why.  |  |
| 7. Is curious about many things; is constantly asking questions.                    |  |
| 8. Possesses a large storehouse of knowledge and recall of factual information.     |  |
| 9. Is persistent in task completion. (Sometimes difficult to move to another topic) |  |
| Example:  |  |
| 10. Initiates independent learning and prefers above-level materials                |  |
| Example:  |  |

Has your child previously been screened for the Katy ISD GT Program?

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

Is your child currently served in any other special programs?

If yes, identify the 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  
\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_