



Secondary Gifted Program PARENT CHECKLIST



Student Name: Last			First Name:			MI:	Sex M F		Ethnicity		
Language Spoken at Home				Campus				School Year			
Parent Name				Telephone #		Work #			Student Birth Date:		
Street Address:						E-mail address					
City	State TX	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
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**IMPORTANT: Return to your
Campus by published 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 |
| <input type="checkbox"/> | G/T Math | _____ | Current Math Teacher |
| <input type="checkbox"/> | G/T Science | _____ | Current Science Teacher |
| <input type="checkbox"/> | G/T Social Studies | _____ | Current Social Studies Teacher |

- Directions:** Circle 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.	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
_____ + _____ + _____ + _____ = _____