

Center for Health, Learning & Achievement

310 Waymont Court, Unit 104

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Parent Questionnaire - Gifted

Thank you so much for taking the time to fill out this form. This is a generic form, so some of the information will not apply to your child. However, please fill it out as completely as possible.

Who can we thank for this referral? _____

Name: _____ **Grade:** _____
 First Middle Last

Address: _____ **School:** _____

_____ **Date of Eval.:** _____

Home Phone: _____ **Birthdate:** _____

Age: _____

Parents/Guardian (Mr., Dr., Mrs., Ms., Miss) _____

Email Address _____

Person filling out this form: _____

Please check all the characteristics that best describe this child and give an example of how each characteristic is demonstrated in school and at home.

_____ Curious and/or persistent --

_____ Exhibits and unusually large vocabulary --

_____ Has good long-term recall of information --

_____ Displays intense concentration --

_____ Learned to read on their own --

_____ Has a keen sense of humor --

_____ Likes to collect things --

_____ Is independent --

- _____ Is creative and imaginative --
- _____ Tends to be perfectionistic --
- _____ Is bigger or stronger than average --
- _____ Has sustained interest in one or more fields of knowledge over the years --
- _____ Demonstrates inventiveness --
- _____ Initiates own learning activities --
- _____ Exhibits a high degree of attention to detail --
- _____ Likes to boss or organize peer activities --
- _____ Easily masters intellectual skills --
- _____ Enjoys complicated games and puzzles --
- _____ Sets high goal and ideals --
- _____ Often takes on a leadership role --
- _____ Continually questions the status quo --
- _____ Seeks structure and organization in required tasks --
- _____ Applies learning from one situation to another easily --
- _____ Enjoys playing or working alone
- _____ Solves problems in a clever manner
- _____ Other --