

Parent Information for Gifted Referrals

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| Student's Name: | School: |
| Parent/Guardian: | Age: |
| Mailing Address: | Date of Birth: |
| | Phone #: |

What are your child's strengths?

What extra-curricular activities does your child participate in?

What are your child's interests?

What is your child's attitude toward school?

What instruction and/or services beyond those normally provided do you feel your child would benefit from?

Form completed by: _____