



Royal Independent School District Gifted/Talented Program Student Referral

Student Name: Last			First		MI	Sex M F	Ethnicity
Language Spoken at Home			Student's Campus			Current School Year	
Parent Name			Primary Telephone #		Secondary Telephone #		Student Date of Birth
Street Address				Email Address			
City	State TX	Zip Code	Student ID Number		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 Gifted/Talented Program if he/she is identified for placement.

Parent/Guardian Signature	Date
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IMPORTANT:
**Return to your campus
by November 30, 2021.**

Directions: Circle the number that best describes your child. **Please provide an example where indicated.**

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.

My child . . .

1. Questions friends and family on many different subjects. Asks "how" and "why."	1 2 3 4
2. Creates original stories and exhibits a vivid imagination in various ways.	1 2 3 4
3. Sticks to a task once it is begun.	1 2 3 4
4. Solves daily problems in many different ways.	1 2 3 4
5. Has interests of older children and is mature above his/her age.	1 2 3 4
6. Shows awareness of problems other may not recognize.	1 2 3 4
7. Plans and/or organizes when playing and exhibits leadership skills.	1 2 3 4
8. Shows active interest in the world around him/her.	1 2 3 4
EXAMPLE:	
9. Enjoys discovering about numbers, patterns, and puzzles.	1 2 3 4
EXAMPLE:	
10. What other information about your child or your family would you like to know? You may want to tell about an interest, talent or ability, or to share a special concern.	

FOR OFFICE USE ONLY:

1's

2's

3's

4's

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