

**Siuslaw School District
Talented and Gifted Parent Survey**

Student _____ Grade ____ School _____ Date ___/___/___

This form is filled out by: _____

Please respond to the following questions, and return to your School District's TAG Coordinator.

What is your child's area(s) of academic strength or area(s) of intense interest?

Are there subject areas that your child learns more quickly than others? Explain.

What are some things/areas your child may find difficult?

Describe a classroom activity or project where your child was able to reach his/her own learning potential.

What goals do you have for your child this school year?

Is there other information you would like the school to know, or any suggestions to help your child learn to their fullest potential?