

Zephyr Independent School District
Gifted and Talented Program
 PARENT Checklist for Initial Program Placement

Name: _____ Age: _____ Grade: _____

Teacher: _____ Date: _____

Please check the rating for each of the following statements.

Learning	Almost	Some	Rarely	N/O
Uses advanced vocabulary; expresses himself/herself well.				
Thinks quickly and recalls facts easily.				
Was reading before he/she started school.				
Asks reasons why; questions almost everything; is highly curious.				
Recites poems, lines, sings songs, recalls facts and stories from memory				
Motivation	Almost	Some	Rarely	N/O
Becomes easily bored with routine, easy tasks.				
Is persistent; becomes absorbed and involved in certain topics or projects.				
Is a self starter; takes initiative, leads.				
Is independent and self-sufficient in looking after himself/herself.				
Enjoys reading of all kinds.				
Wants to solve problems.				
Is adventurous; is impulsive, acts before he/she thinks sometimes.				
Creativity	Almost	Some	Rarely	N/O
Wants to know how things work.				
Puts unrelated ideas together in new and different ways.				
Has special talents, interests, or hobbies.				
Displays a keen sense of humor.				
Can focus on a self-designed project for long periods of times.				

	Almost	Some	Rarely	N/O
Likes to tinker with things.				
Writes stories/poetry, performs skits, acts out stories/movies, etc.				
Draws in intricate detail				

Please write any qualities and characteristics of this child on this page. Thank you!

I give my child, _____ permission to participate in the Zephyr ISD Gifted/Talented identification/assessment program. Please turn this form in to Shana King at the school office by Friday, March 6th.

Signed, _____

Date _____