



CHECKLIST FOR PARENT/GUARDIAN IDENTIFICATION OF GIFTED AND TALENTED STUDENTS

STUDENT'S NAME: _____ **PREP CLASS:** _____

PARENT'S/GUARDIAN'S NAME: _____ **PHONE:** _____

EMAIL ADDRESS: _____

SECTION A

Please mark the category you think best describes your child.

CATEGORIES (1) most of the time (2) often (3) occasionally (4) rarely

	CHARACTERISTIC	1	2	3	4
1	Has advanced vocabulary, expresses self clearly and fluently.				
2	Thinks quickly.				
3	Recalls facts easily.				
4	Wants to know how things work.				
5	Is an avid reader.				
6	Puts unrelated ideas together in new and different ways.				
7	Becomes bored easily.				
8	Asks reasons why – questions almost everything.				
9	Is mature beyond their years and likes to be with older people.				
10	Has a great deal of curiosity.				
11	Is impulsive – acts before thinking.				
12	Is adventurous.				
13	Tends to dominate others if given a chance.				
14	Is persistent; sticks to tasks.				
15	Has good physical coordination and body control.				
16	Is independent and self-sufficient.				
17	Has a good sense of humour.				
18	Uses reasoning strategies.				
19	Has a wide range of interests.				
20	Shows initiative.				
21	Seeks own answers and solutions to problems.				
22	Has a great interest in the future and/or world problems.				
23	Follows complex directions.				
24	Is prepared to take some social risks.				
25	Is a leader.				
26	Enjoys complicated games.				
27	Sets high goals for self.				
28	Invents and builds new mechanical devices.				

29	Continually questions status quo.				
30	Has a broad attention span which allows concentration on and perseverance in problem solving and pursuit of interests.				

SECTION B

	CHARACTERISTIC	YES	NO
1	Did your child read before starting school? If the answer is YES, was the child self-taught?		
2	Does your child play a musical instrument? If so, which instrument?		
3	In what outside activities does your child participate?		
4	What are your child's special hobbies or interests?		
5	What books has your child enjoyed reading lately?		

Please make comments, where appropriate, on any of the following. Your child's:

- unusual accomplishments – present or past
- special talents
- relationships with others
- special problems and needs
- special opportunities
- language/cultural background
- preferred activities when alone

Do you consider your child to be Gifted and Talented? YES / NO / UNSURE
 Would you like your child to be considered for the Gifted and Talented program? YES / NO / UNSURE

SIGNATURE: _____ **DATE:** _____

Note: This checklist may require interpretation for non-English-speaking parents.
 Adapted from Department of Education Western Australia
<http://www.det.wa.edu.au/curriculum/support/giftedandtalented/detcms/navigation/category.jsp?categoryID=4580519>