

**Spring Branch ISD Gifted and Talented Program  
Elementary Parent Referral Form**

<p><b>Return to the school counselor by: October 14th</b></p>
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Attention Parent: In order for your child to be considered for the Spring Branch ISD Gifted and Talented (GT) Program, you must give your permission. You are only giving permission for your child to be evaluated for the program. If your child is identified as needing the special educational services provided by the GT Program, you will be sent a permission form for his/her participation in the program.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Current Grade Level: \_\_\_ Home Room Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City Zip

I give permission for my child, named above, to be evaluated for the Spring Branch ISD GT Program.

\_\_\_\_\_  
Printed Parent Name Parent Signature Date

**Please complete the rest of this form so that we may better understand your child's needs.**

Tell us which of the behaviors listed below are shown by your child as compared to other children of the same age. Please check the appropriate boxes. *You are welcome to provide written examples for each item, especially for those which you selected "almost all the time."*

**1 Solves problems in many different ways.**

For example: \_\_\_\_\_  
 \_\_\_\_\_

Almost all the time	Often	Occasionally	Seldom or never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2 Displays a clever sense of humor (intellectually playful).**

For example: \_\_\_\_\_  
 \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**3 Often foresees a variety of possible outcomes in a situation.**

For example: \_\_\_\_\_  
 \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**4 Displays leadership qualities.**

For example: \_\_\_\_\_  
 \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Almost all the time	Often	Occasionally	Seldom or never

5 **Is very observant and notices details others miss.**

For example:

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6 **Becomes extremely interested in a topic.**

For example:

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7 **Sees relationships between different ideas and objects.**

For example:

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8 **Learns very quickly.**

For example:

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9 **Has a large vocabulary.**

For example:

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10 **Displays originality.**

For example:

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11 **Is very curious about many things.**

For example:

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12 **When you compare your child with others the same age, do you think he/she is:**

- \_\_\_\_\_ **about average**
- \_\_\_\_\_ **somewhat above average**
- \_\_\_\_\_ **considerably above average**