

**Spring Branch ISD Gifted and Talented Program
SUMMER / Parent Referral Form**

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: ____/____/____ **2019-2020** Grade Level: ____

Address: _____ Phone #: _____
Street City Zip

Email: _____

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.

- 1 Solves problems in many different ways.
- 2 Displays a clever sense of humor (intellectually playful).
- 3 Often foresees a variety of possible outcomes in a situation.
- 4 Displays leadership qualities.
- 5 Is very observant and notices details others miss.
- 6 Becomes extremely interested in a topic.
- 7 Sees relationships between different ideas and objects.
- 8 Learns very quickly.
- 9 Has a large vocabulary.
- 10 Displays originality.
- 11 Is very curious about many things.
- 12 When you compare your child with others the same age, do you think he/she is:

Almost all the time	Often	Occasionally	Seldom or never

_____ about average
_____ somewhat above average
_____ considerably above average

- 13 Please comment or provide examples on the back of this sheet relating to any of the questions on this form or other traits that you see in your child that demonstrate characteristics of a gifted child.