

Parent Referral Form for the Gifted Program

Name of Student _____					
Age _____					
Address _____			School _____		Grade _____
Parent's Name _____					
Instructions: In relationship to the typical child in your neighborhood , please circle a number for each item which best describes your child:					
5 – has this trait to a high degree; 4 – has this trait more than the typical child; 3 – compares with the typical child; 2 – has this trait less than the typical child; 1 – lacks this trait.					
Return the completed form to the S.C.O.P.E teacher in your child's school.					
1. Has advanced vocabulary, expresses himself or herself well	5	4	3	2	1
2. Thinks quickly and recalls facts easily	5	4	3	2	1
3. Wants to know how things work	5	4	3	2	1
4. Was reading before he/she started kindergarten	5	4	3	2	1
5. Enjoys reading and reads a lot	5	4	3	2	1
6. Puts unrelated ideas together in new and different ways	5	4	3	2	1
7. Becomes bored easily, if not challenged	5	4	3	2	1
8. Asks reason why – questions almost everything	5	4	3	2	1
9. Likes “grown-up” things and to be with older people	5	4	3	2	1
10. Has a great deal of curiosity, shows interest in a variety of things	5	4	3	2	1
11. Is adventurous	5	4	3	2	1
12. Has a good sense of humor	5	4	3	2	1
13. Is impulsive, acts before he/she thinks	5	4	3	2	1
14. Tends to dominate others if given the chance	5	4	3	2	1
15. Is persistent, sticks to a task once started	5	4	3	2	1
16. Has good physical coordination and body control	5	4	3	2	1
17. Is independent and self-sufficient in looking after himself/herself	5	4	3	2	1
18. Is aware of his/her surroundings and what is going on around him/her	5	4	3	2	1
19. Has a long attention span	5	4	3	2	1
20. Wanted to do things for himself/herself early – example: dressing and feeding himself/herself	5	4	3	2	1
21. Is able to plan and organize activities and work with others	5	4	3	2	1
22. Uses unusual way of solving problems	5	4	3	2	1