

**PRINCE WILLIAM COUNTY PUBLIC SCHOOLS
GIFTED EDUCATION PROGRAM**

PARENT OR GUARDIAN REPORT – K-8

Name of Student _____ School _____ Grade _____ Birth Date _____

Directions: Please print clearly or type.

Part I. Check the appropriate box and use examples to elaborate.

	Not Observed	Sometimes	Frequently	Always
My child is curious; Has a questioning attitude; Is a keen observer. Example(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a vivid imagination. Example(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child learns quickly. Example(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a subtle or sophisticated sense of humor. Example(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has an exceptional memory. Example(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is sensitive to human issues; Is concerned with fairness and justice. Example(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child communicates well. Example(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is motivated to learn or develop a skill. Example(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Part II. Please answer the following questions regarding your child.

1. How does your child spend time outside of school? What are his/her interests?

2. Describe what you consider to be your child's greatest strength in learning and his/her greatest challenge in learning.

3. List examples of books (fiction and/or non-fiction) your child has read independently that were not required assignments.

4. How has your child used mathematical concepts and ideas outside of school?

5. Describe any special circumstances affecting your child that you would like the committee to consider (i.e. medical or health-related issue, frequent moves, special needs).

Parent Signature _____ Date _____

Please return this report to the Gifted Education Resource Teacher assigned to your building.

Resource Teacher _____

Date Sent by Resource Teacher _____ Date Returned to Resource Teacher _____