

Nomination by parent or caregiver

Student's name: _____ Year: _____

Person completing the form: _____ Relationship to student: _____

Characteristic	Most of the time	Some of the time	Rarely
Recalls facts easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses himself/herself fluently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is always asking questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finds unusual uses for things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tends to lead/initiate activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has long attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an avid reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks logically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixes with older children and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an independent learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is concerned about world issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When did your child first begin to read? Is he/she self-taught? _____

At what age did your child show an understanding of numbers, puzzles and patterns? _____

How many books and magazines would your child voluntarily read in a month? _____

Does your child have any unusual interests? If so, what are they? _____

What types of television programs does your child like to watch? _____

Does your child have an interest in music? If so, what is he or she learning and what level has been attained? _____

In what activities does your child participate outside school hours? _____

What hobbies and interests does your child have? _____

Would you consider that your child has a particular problem or need that may affect his or her learning? _____

Please add any other information you may feel relevant to your child's education. _____

