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Gifted Education

Recommendation for Evaluation- Parent

Student's Name:

Date:

Primary Home Language:		DOB:	Circle: Male/ Female
School:	Teacher:		Grade:
Parent/Guardian Name:			
Parent/Guardian Address:			
City:	Zip:		
Phone Numbers: Home-	Work-	Other-	

Please check the appropriate box for the following traits:

	Never	Seldom	Some-times	Often	Always
1. Does your child stick to a job or problem until it is completed or solved?					
2. Does your child have an exceptional memory and recall of information?					
3. Does your child express creative ideas or display unusual ways of doing things?					
4. Is your child sensitive to the needs and feelings of others?					
5. Is your child very curious? Does he/she ask many questions about all kinds of things?					
6. Does your child like to read a variety of books?					
7. Is your child interested in or concerned about problems such as world hunger, pollution, war, etc.?					
8. Does your child have a vivid imagination?					
9. Does your child use a variety of approaches to problem-solving?					
10. Does your child have a good sense of humor, often seeing the humor in situations more like an adult?					
11. Does your child have a strong sense of justice and moral judgment? Is he/she very concerned about what is "fair" in situations?					
12. Does your child use a lot of "big" words or have a large vocabulary for his/her age?					
13. Is your child concerned about doing things perfectly?					
14. Does your child demonstrate good leadership skills?					
15. Is your child independent and self-motivated?					
16. Does your child seek in-depth learning in areas of interest?					

Please use the reverse side or attach additional comments. Submit completed form to teacher or school office.

Parent/ Guardian Signature: _____ Date: _____