



**GREGORY-PORTLAND INDEPENDENT SCHOOL DISTRICT
GIFTED/TALENTED PROGRAM
ELEMENTARY PARENT NOMINATION FORM**

(TO BE COMPLETED WITH PARENT CHECKLIST OF BEHAVIORS)

Nominee's Name _____
(First) (Middle) (Last)

Nickname (if any) _____

School _____ Homeroom Teacher _____

Birthdate _____ Age ___ Grade _____

Home Address _____
(City) (Zip)

Mailing Address _____
(City) (Zip)

Home Phone Number _____

Mother's Name _____

Father's Name _____

*Si no puede leer este documento, por favor contactase la oficina
de la escuela de su hijo/hija por ayuda en espanol.*



Gregory-Portland Independent School District Gifted/Talented Inclusion Program Elementary Parent Permission to Test Form

Student Name _____ Grade _____

Student ID # _____ School _____

Homeroom Teacher _____

I give permission for my child to be tested by school personnel as part of the screening process for the Gifted and Talented Program. I understand that the results of this testing will be used as part of the criteria for determining whether or not my child will qualify for placement in the Gifted and Talented Program.

Parent Signature

Date.

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Gregory-Portland ISD Parent Checklist of Behaviors

Instructions: In relationship to the typical child in your neighborhood, please indicate your observations of your son/daughter using the following scale to respond to statements 1 – 30:

- 1 has not exhibited this trait
- 2 has this trait less than the typical child
- 3 compares with the typical child
- 4 has this trait more than the typical child
- 5 has this trait to a high degree

1. _____ Is alert beyond his/her years
2. _____ Likes school
3. _____ Has interests of older children or of adults in games and reading
4. _____ Sticks to a project once it is started
5. _____ Is observant
6. _____ Has lots of ideas to share
7. _____ Has many different ways of solving problems
8. _____ Is aware of problems others often do not see
9. _____ Uses unique and unusual ways of solving problems
10. _____ Wants to know how and why
11. _____ Likes to pretend
12. _____ Other children call him/her to initiate play activities
13. _____ Asks a lot of questions about a variety of subjects
14. _____ Is concerned with details
15. _____ Enjoys and responds to beauty
16. _____ Is able to plan and organize activities
17. _____ Has above average coordination, agility, and ability in organized games
18. _____ Often finds and corrects own mistakes
19. _____ Others seem to enjoy his/her company
20. _____ Makes up stories and has ideas that are unique
21. _____ Has a wide range of interests
22. _____ Gets other children to do what he/she wants
23. _____ Likes to play organized games and is good at them
24. _____ Enjoys other people and seeks them out
25. _____ Is able and willing to work with others
26. _____ Sets high standards for self
27. _____ Chooses difficult problems over simple ones
28. _____ Is able to laugh at himself/herself (if necessary)
29. _____ Likes to do many things and participates wholeheartedly
30. _____ Likes to have his/her ideas known

On an attached sheet, please feel free to respond to the following questions and/or to provide any information that will better enable **GPISD** to meet the individual needs of your child.

1. What special talents and skills does your child have? Give examples of behaviors that illustrate this.
2. What type of books and/or titles are favorites with your son/daughter?
3. What is your child's favorite school subject?
4. What is his/her general attitude toward school?
5. Does your son/daughter have special interests (collections, dancing, building models, swimming, singing, painting)? If so, what are those? Give examples of his/her involvement with this special interest area.
6. What is his/her favorite playtime, leisure activity?

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