

## Checklist for Parent Identification of Gifted and Talented Students

**Student Name:**  
**Teacher:**

**School:**  
**Grade:**

Please fill in the following form for your child and include it in your child's GATE recommendation portfolio.

Mark each characteristic with the score that best fits your child.

**Section A**

**Categories: (1) Rarely (2) Occasionally (3) Often (4) Most of the time**

#	Characteristics	1	2	3	4
1.	Has advanced vocabulary, expresses self clearly and fluently				
2.	Thinks quickly				
3.	Recalls facts easily				
4.	Wants to know how things work				
5.	Is an avid reader				
6.	Puts unrelated ideas together in new and different ways				
7.	Becomes bored easily				
8.	Asks reasons why - questions almost everything				
9.	Likes grown-up things, prefers to be with older peers/people				
10.	Extremely curious				
11.	Is impulsive – acts before thinking				
12.	Is adventurous				
13.	Tends to dominate others if given a chance				
14.	Is persistent/Sticks to a task				
15.	Good physical coordination and body control				
16.	Is independent and self-sufficient				
17.	Has a good sense of humor				
18.	Ability to reason				
19.	Is passionate about issues regarding fairness/justice				
20.	Shows initiative				
21.	Seeks own answers and solutions to problems				
22.	Has a great interest in the future and/or world problems				
23.	Follows multiple/complex directions				
24.	Is prepared to take some social risks				
25.	Is a leader				
26.	Enjoys complicated games				
27.	Sets high goals for self				
28.	Invents and builds new mechanical devices				
29.	Continually questions status quo				
30.	Has a broad attention span which allows concentration on and perseverance in problem solving and pursuit of interests				
31.	Shows perfectionist tendencies				

## **Section B**

<b>1.</b>	Did your child read before starting school?  If the answer is YES, was the child self-taught?
<b>2.</b>	Does your child play a musical instrument?  If so, which instrument?
<b>3.</b>	In what outside activities does your child participate?
<b>4.</b>	What are your child's special hobbies or interests? How much time is spent weekly on these hobbies/interests?
<b>5.</b>	What books has your child enjoyed reading lately? Approximately how much time is spent reading weekly <b>for enjoyment</b> ?
<b>6.</b>	Does your child get over-stimulated easily? (loud/distracting noises, bright lights?) Explain.
<b>7.</b>	How does your child handle defeat/failure?
<b>8.</b>	What is your child's favorite thing to do when they are alone?
<b>9.</b>	Does your child speak another language? _____ If so: What language? _____ Can he/she read in that language? _____ Can he/she write in that language? _____ Does he/she take classes to improve their skills in that language? _____ Do you speak the language at home with your child? _____

Please make additional comments, where appropriate, on any of the following.

Your child's:

- Unusual accomplishments – present or past
- Special talents
- Relationships with others
- Special problems and needs

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Updated 11.2.2015

Checklist References taken/adapted from: California Association for the Gifted, Moreland Staff input and Partner District referrals (SJUSD, Cupertino, etc.)