

**TALENTED AND GIFTED PROGRAM  
BURLESON INDEPENDENT SCHOOL DISTRICT  
PARENT QUESTIONNAIRE for STUDENT REFERRAL**

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ Phone \_\_\_\_\_

PARENT'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**In order to assist the school in considering your child for the Talented and Gifted Program, it is important that the parent complete a questionnaire. Parents should return the completed form to BHS by November 21, 2008.**

**MARK EACH QUESTION WITH A NUMBER FROM 1 TO 5, RANKING YOUR CHILD AS:  
1=not at all    2=somewhat    3=average    4=more than average    5=exceptional**

**EACH TIME YOU MARK "4" OR "5" you must give an example in the space provided that demonstrates this behavior.**

**Rank from**

**1 to 5**

1. Has unusually advanced vocabulary for age or grade level

\_\_\_\_\_

\_\_\_\_\_

2. Has quick mastery and recall

\_\_\_\_\_

\_\_\_\_\_

3. Is inquisitive

\_\_\_\_\_

\_\_\_\_\_

4. Reads a great deal on his/her own and does not avoid difficult reading material

\_\_\_\_\_

\_\_\_\_\_

5. Reasons things out; sees logical common sense answers

\_\_\_\_\_

\_\_\_\_\_

6. Becomes truly involved and absorbed in certain topics; spends hours studying them

\_\_\_\_\_

\_\_\_\_\_

7. Has a long attention span

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8. Strives toward perfection; is not easily satisfied with own pace or products

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9. Works with little direction

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10. Has a well-developed sense of humor

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11. Is often self-assertive, stubborn in beliefs

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12. Likes to organize and bring structure to things, people, and situations

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13. Is quite concerned with right and wrong, good and bad

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14. Displays a great deal of imagination about many things

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15. Offers unusual, unique, clever responses or solutions

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16. Is not afraid to try new things; not afraid of being wrong

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17. Shows emotional sensitivity

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18. Enjoys and responds to beauty

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19. Enjoys taking risks; does not fear being different

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20. Demonstrates responsibility

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21. Tolerant and patient with others

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22. Can express self well

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23. Does not seem disturbed when the normal routine is changed

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24. Is flexible enough to assume leadership and followership roles as appropriate

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25. If there are additional comments you would like to make regarding your child, you may use the back of this form

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If certain testing information is not available on your child, we will need to administer the missing test(s). Your child will be pulled out of class before the end of school for this purpose. Please sign the permission form below that will allow us to complete your child's screening, should it be necessary.

I give permission for my child, \_\_\_\_\_ to be tested for the Talented and Gifted Program.

\_\_\_\_\_  
Parents/Guardian Signature

\_\_\_\_\_  
Date