

## Parent Identification Form

Student's Name: \_\_\_\_\_

Year Level: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

### Section A

Consider your child in relation to other children of the same age and check the box corresponding to the number that best describes your child for each item.

1	Does not demonstrate this trait
2	Demonstrates this trait less than the typical child
3	Compares with the typical child
4	Demonstrates this trait more than the typical child
5	Demonstrates this trait to a high degree

		1	2	3	4	5
1	Has advanced vocabulary; expresses himself or herself fluently and clearly.					
2	Thinks quickly.					
3	Wants to know how things work.					
4	Is an avid reader.					
5	Puts unrelated ideas together in new and different ways.					
6	Asks for reasons "why"—questions almost everything.					
7	Likes grown-up things and to be with older people.					
8	Has a great deal of curiosity.					
9	Is adventurous.					
10	Has a good sense of humour.					
11	Is impulsive.					
12	Tends to dominate others if given the chance.					
13	Is persistent—sticks to the task.					
14	Has good physical co-ordination and body control.					
15	Is independent and self-sufficient.					
16	Reasons well.					
17	Has a wide range of interests.					
18	Has a broad attention span that allows him or her to persevere in problem solving and pursuing interests.					
19	Shows initiative.					
20	Seeks his or her own answers and solutions to problems.					
21	Has a great interest in the future and/or world problems.					
22	Follows complex directions.					
23	Is prepared to take some social risks.					
24	Is a leader.					
25	Enjoys complicated games.					
26	Sets high goals for himself or herself.					
27	Continually questions the status quo.					

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*Parent Identification Form ... continued*

**Section B**

1	Did your child read before he or she went to school? If the answer is YES, did your child teach himself or herself to read?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
2	Does your child play a musical instrument? If YES, which? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	In what outside activities does your child participate? _____ _____ _____		
4	What are your child's special interests or hobbies? _____ _____ _____		
5	What recent books has he or she read and enjoyed? _____ _____ _____		
6	Please comment, where appropriate, on any of the following: Your child's ... <ul style="list-style-type: none"><li>• unusual accomplishments or special talents</li><li>• preferred activities when alone</li><li>• expression of boredom</li><li>• special problems and needs.</li></ul> _____ _____ _____ _____ _____ _____		