

MILE Gifted Services Parent Referral

GF-2

Referral, Parent

| | ident Name | | Age _ |] | Date | |
|------------|--|-----------------------|-------------|-----------------|---------------------------|--|
| nool Grade | | e | Birthda | | te | |
| me | of Parent Making Referral | | | | | |
| dre | dress | | Phones | | | |
| | | | _ | home | | |
| / | State Zip | | _ | cell | | |
| fer | ring parent completes the following: | | | | | |
| | What special talents or skills does your child | d have? | | | | |
| | | | | | | |
| | | | | | | |
| | Give examples of behavior(s) that illustrate | these tal | ents or sk | rille | | |
| | Give examples of behavior(s) that mustrate | mese tan | ciits of sr | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Check the following items that best describe | e your ch A Little | | u see hii me | n or her: A Great Deal | |
| | 1. Is alert beyond his/her years. | A Little | 30 | ine | A Gleat Deal | |
| | 2. Enjoys learning | | _ | | | |
| | 3. Has mature interest in games and reading | | . <u> </u> | | | |
| | 4. Sticks to a project once it is started | | | | | |
| | 5. Is observant | | . <u> </u> | | | |
| | 6. Uses different ways to solve problems | | <u> </u> | | | |
| | 7. Sees problems others do not see | | _ | | | |
| | 8. Wants to know "how" and "why" | | _ | | | |
| | 9. Likes to pretend | | _ | | <u> </u> | |
| | 10. Is inquisitive | | | | | |
| | | | <u> </u> | | | |
| | 11. Is able to plan and organize activities | | · – | | | |
| | 12. Makes up stories and has unique ideas | | . <u> </u> | | | |
| | 12. Makes up stories and has unique ideas13. Has a wide range of interests | | · _ | | | |
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You are welcome to add additional information on the back of this form.

Due Date: This form must be returned to the gifted lead teacher by the **first of October for the fall testing window** and the **first of February for the spring testing window**.