

Gifted and Talented Program
Waldron Public Schools

The mind is not a vessel to be filled; it is a fire to be kindled. – Plutarch

Parent Referral Form

All information on this form will be kept strictly confidential and will be used only by GT program personnel and the appropriate referral/placement committee.

Student's Name

Parent/Guardian

Teacher

Grade

Mailing Address

Date

City

Zip

Phone

Sex (circle) M F

Race _____

Birthday _____
Age _____

Primary Language _____

Child resides with

() Father

() Mother

() Other – please specify _____

Other schools attended
Dates

City and State

Brothers and sisters

Names

Ages

Child's hobbies and collections: _____

Child's special talents and/or skills: _____

Child's reading interests: _____

Child's recreational choices: _____

Child's attitude toward school: _____

Child's school needs as you see them: _____

Parent Checklist

Many gifted children display some similar behavioral characteristics. Please check those characteristics that you have observed in your child.

- 1. Ability to read early
- 2. Large vocabulary
- 3. Ability to learn basic skills quickly and with little practice
- 4. Ability to retain a great deal of information
- 5. Easily bored with routine tasks
- 6. Wide range of interests
- 7. Highly developed curiosity
- 8. Shows interest in world problems
- 9. Enjoys learning new things and new ways of doing things
- 10. Interest in experimenting and doing things differently
- 11. Keen sense of humor
- 12. Highly imaginative
- 13. Is adventurous-a risk taker
- 14. Not interested in details
- 15. Emotionally sensitive
- 16. States own opinion freely
- 17. Is self-critical; impatient with failures
- 18. Highly individualistic; may prefer working alone
- 19. Is able to plan and organize activities
- 20. Carries responsibility well

Waldron School District Gifted and Talented Program
Waldron Elementary School

1895 Rice Street, Waldron, Arkansas 72958

479-637-2454

Parental Consent for Gifted Program Screening

Permission is hereby granted for my child, _____, to be given standardized group assessments as needed to help determine his/her need to be served in Waldron's Gifted and Talented Program.

PERMISSION GRANTED:

Signature of Parent/Guardian

Date

PERMISSION DENIED:

Signature of Parent/Guardian

Date