

Parent/Guardian Questionnaire

OPTIONAL

Student _____ School Currently Attending _____ School Year _____ Grade Level _____

Please print clearly or type; responses may be pasted onto form. Questionnaire may not be edited or retyped and responses must fit on this form. 5 pages of additional information may be submitted according to the guidelines. Fillable forms are available at www.fcps.edu/DIS/gt/forms.

Check the appropriate box: occasionally, frequently, consistently.

Give an example for each.

occasionally

frequently

consistently

My child surprises me with his/her knowledge.

My child comes up with imaginative and/or unusual ways of doing things.

My child is intellectually curious and asks thoughtful questions.

My child finds humor in situations or events unusual for his/her age.

My child can focus on a particular topic for an unusually long period of time.

Does your child have a special need that you want to communicate to the committee? NO YES
 If YES, please explain (such as learning disability). Additional information may also be submitted as part of the 5 pages.

 Parent/Guardian Signature

 Date