

# Advanced Academic Programs Parent/Guardian Questionnaire

## Optional for Advanced Academic Programs Referral

**Student Full Name** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**Current School** \_\_\_\_\_ **Grade** \_\_\_\_\_

Please circle or highlight how often you notice the following in your child and give an example. Please print clearly or type. Responses must fit on this form.

- |                                                                                          |              |            |              |
|------------------------------------------------------------------------------------------|--------------|------------|--------------|
| <b>1. My child surprises me with their knowledge.</b>                                    | Occasionally | Frequently | Consistently |
| <b>2. My child comes up with imaginative and/or unusual ways of doing things.</b>        | Occasionally | Frequently | Consistently |
| <b>3. My child is intellectually curious and asks thoughtful questions.</b>              | Occasionally | Frequently | Consistently |
| <b>4. My child finds humor in situations or events unusual for their age.</b>            | Occasionally | Frequently | Consistently |
| <b>5. My child can focus on a particular topic for an unusually long period of time.</b> | Occasionally | Frequently | Consistently |

Does your child have a special learning need that you want to communicate to the committee? \_\_\_\_\_

If YES, please explain (such as a learning disability, IEP, or 504 Plan). Parents/guardians may submit additional information regarding special learning needs to the school to be included in the screening file.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_