

Child's Name: _____

Check the box following each statement that most closely describes your child's behavior. Please be certain to include specific examples for each "Almost Always" response or any statements you would like to clarify. Please return to your teacher of the gifted.

School: _____

Teacher: _____

Grade: _____

Date: _____

Almost Always
Sometimes
Never

Examples Please be as specific as possible. Be sure to provide information for any items marked Almost Always.

1.)	My child is very observant, noticing details.				
2.)	My child displays a mature sense of humor, comprehending/creating subtle jokes and puns.				
3.)	My child has a very high energy level.				
4.)	My child is aware of problems other children his/her age do not see.				
5.)	My child sets very high standards for self and at times will not settle for/is critical of anything less.				
6.)	My child discovers imaginative solutions to problems.				
7.)	My child will give considerable time and attention to activities of his/her own choosing.				
8.)	My child asks many questions concerning a variety of subjects.				
9.)	My child spends time organizing items, i.e. collections, books, pictures, personal belongings.				
10.)	My child has a strong drive to explore surroundings.				
11.)	My child asks many questions concerning abstract concepts such as violence, love or death.				

