



Talented and Gifted Program Parent Nomination Checklist

Student Name: Last	First	MI
Language Spoken at Home	Phone Number	Birth Date
Parent Name	E-mail Address	
Street Address	City	Zip
School	Teacher	

Parent/Guardian Signature	Date
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DIRECTIONS: Circle the number that best describes your child:

- 4 = My child demonstrates this trait most of the time.
- 3 = My child demonstrates this trait frequently.
- 2 = My child rarely demonstrates this trait.
- 1 = My child does not have this trait.



If you circle 3 or 4 please give an example to explain your response

RETURN TO Jill Robertson PO BOX 2009, FERNDALE, WA 98248

1. 1 2 3 4 Questions friends and family on many different subjects.
2. 1 2 3 4 Creates original stories
3. 1 2 3 4 Enjoys hearing stories and looking at books

4. 1 2 3 4 Sticks to a task once it is begun.

5. 1 2 3 4 Solves daily problems in many different ways.

6. 1 2 3 4 Shows active interest in the world around him/her.

7. 1 2 3 4 Has interests of older children or adults in games and/or reading.

8. 1 2 3 4 Questions "how?" and "why?"

9. 1 2 3 4 Shows awareness of problems others may not recognize.

10. 1 2 3 4 Cooperates with other children.

11. 1 2 3 4 Plans and/or organizes when playing with others.

12. 1 2 3 4 Is mature beyond his/her years either physically, mentally, or emotionally.

13. 1 2 3 4 Chooses to try challenging/complex problems or projects.

14. 1 2 3 4 . Reads books independently. (Please list titles of books.)

15. Enjoys discovering about numbers. 1 2 3 4