



Cedar Hill Independent School District

Gifted & Talented Parent Report Form

Student's Name: _____

Student's ID: _____

Parent's Name: _____

Signature: _____

Date Completed: _____

Directions: Carefully review the trait list below and check yes or no in the appropriate box.

TRAITS	YES	NO
Enjoys peers		
Completes assignments		
Already knows		
Enjoys adults		
Is highly self critical		
Enjoys school		
Initiates projects		
Learns with ease		
Constructs abstractions		
Is interested		
Has wild, silly ideas		
Is pleased with own learning		
Listens with interest		
Enjoys learning		
Knows the answers		
Plays around, yet test well		
Absorbs information		
Is highly curious		
Understands ideas		
Has good ideas		
Works hard		
Manipulates information		
Shows strong feelings and opinions		
Asks the questions		

Please return this form to the counselor by ____/____/____