

## “Early Access” Parent Survey

Student Information	
<b>Name:</b>	

Child’s Strength “My child ...”	Rating 1-5 (Circle the appropriate level; 5 is highest/strongest)	Example(s) (required)
1. Reasons well. Thinks of creative ways to solve problems.	1 2 3 4 5	
2. Is extremely curious. Often asks “Why?” “How?” “What if?”	1 2 3 4 5	
3. Asks questions about abstract ideas like love, feelings, relationships, or justice.	1 2 3 4 5	
4. Craves stimulation and activity. Is rarely content to sit idle.	1 2 3 4 5	
5. Explains ideas in complex, unusual ways.	1 2 3 4 5	
6. Is extremely creative. Uses materials in unusual ways. Makes up elaborate stories, excuses. Sees many possible answers or solutions. Spends free time drawing, painting, writing, sculpting, or singing.	1 2 3 4 5	
7. Becomes so involved they are not aware of anything else – “lost in their own world.”	1 2 3 4 5	
8. Is very emotional – cries, angers, or excites easily.	1 2 3 4 5	

<b>Parent/Guardian Signature:</b>		<b>Date:</b>	
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Please return the completed survey to the “Gifted Education Program” at the address listed above.