



COCISD Gifted & Talented Parent Questionnaire

Student Name: _____ Grade _____

Home Room Teacher: _____ Date: _____

Parents/guardians are encouraged to submit a completed questionnaire as part of the nomination process. Please help us by sharing evidence of your child's giftedness. (reference page 5 of the Advanced Academics Handbook for G/T Characteristics)

1. What special interests and skills does your child have? Give specific examples of behavior that illustrates gifts or talents in these areas. (30)

2. What else would you like us to know to assist us in assessing your child for the Advanced Academics Gifted and Talented Program? (30)

3. Is there additional testing information to share that the school district has no knowledge of? (30)

Parent's Name (print): _____ email _____

Signature: _____