



MARIETTA CITY SCHOOLS
Division of Academics
Gifted Services

**MILE Gifted Services
Parent Referral**

Student Name _____ Age _____ Date _____
School _____ Grade _____ Birthdate _____
Name of Parent Making Referral _____
Address _____ Phone _____
City _____ State _____ Zip _____ home _____
cell _____

Referring parent completes the following:

A. What special talents or skills does your child have?

B. Given examples of behavior(s) that illustrate these talents or skills.

Check the following items that best describe your child as you see him or her:

	A Little	Some	A Great Deal
1. Is alert beyond his/her years	_____	_____	_____
2. Enjoys learning	_____	_____	_____
3. Has mature interest in games and reading	_____	_____	_____
4. Sticks to a project once it is started	_____	_____	_____
5. Is observant	_____	_____	_____
6. Uses different ways to solve problems	_____	_____	_____
7. Sees problems others do not see	_____	_____	_____
8. Wants to know "how" and "why"	_____	_____	_____
9. Likes to pretend	_____	_____	_____
10. Is inquisitive	_____	_____	_____
11. Is able to plan and organize activities	_____	_____	_____
12. Makes up stories and has unique ideas	_____	_____	_____
13. Has a wide range of interests	_____	_____	_____
14. Enjoys company of older children and adults	_____	_____	_____
15. Sets high standards for himself/herself	_____	_____	_____

C. Reading interests: (favorite genre (type) of books)

D. Favorite school subject

E. Hobbies and special interests

F. Other information about your child you would like us to know

You are welcome to add additional information on a separate piece of paper.

Due Date: This form must be returned to the gifted lead teacher by **September 30** for the fall testing window and **January 31** for the spring testing window.