



THE Vanguard School

Parent Referral
for
Gifted & Talented Students

Child's Name: _____

Date: _____

Birthdate: _____

Grade: _____

Briefly explain why you are referring your child for the Gifted and Talented identification process.

Has your child previously been identified as a "Gifted Learner?" If so, where and what type of programming did he/she receive?

Beyond the school setting, does your child have any assessment results or other data to support his/her exceptional ability and/or potential?

What is your child's greatest strength?

Do you have any concerns about your child's current academic achievement and/or placements?

Please check the following characteristics you *frequently* observe in your child.

<input type="checkbox"/>	Very observant
<input type="checkbox"/>	Extremely curious
<input type="checkbox"/>	Intense and wide range of interests
<input type="checkbox"/>	Excellent memory
<input type="checkbox"/>	Long attention span
<input type="checkbox"/>	Excellent reasoning skills
<input type="checkbox"/>	Quickly and easily sees relationships in ideas, object, and facts
<input type="checkbox"/>	Fluent and flexible thinking
<input type="checkbox"/>	Elaborate and original ideas
<input type="checkbox"/>	Excellent problem solving skills
<input type="checkbox"/>	Learns quickly with less practice or repetition in your child
<input type="checkbox"/>	Unusual or vivid imagination
<input type="checkbox"/>	Interested in global or social issues
<input type="checkbox"/>	Concerned about fairness and injustice
<input type="checkbox"/>	Perfectionist
<input type="checkbox"/>	Energetic
<input type="checkbox"/>	Well developed sense of humor
<input type="checkbox"/>	Relates well to adults
<input type="checkbox"/>	Extensive vocabulary
<input type="checkbox"/>	Learned to read before entering school
<input type="checkbox"/>	Avid reader
<input type="checkbox"/>	Asks "What if" or "Why" questions
<input type="checkbox"/>	Enjoys learning new things
<input type="checkbox"/>	Enjoys intellectual activities
<input type="checkbox"/>	Prefers books or magazines meant for older children
<input type="checkbox"/>	Like puzzles
<input type="checkbox"/>	Applies self-discipline
<input type="checkbox"/>	Retains and uses information previously heard or learned
<input type="checkbox"/>	Is independent
<input type="checkbox"/>	Gets bored with routine tasks
<input type="checkbox"/>	Self-critical, impatient with failure
<input type="checkbox"/>	Extremely sensitive
<input type="checkbox"/>	Shows empathy for others
<input type="checkbox"/>	Demonstrates strong leadership skills

Please select one of these characteristics from the previous chart and elaborate on how your child exemplifies or demonstrates this ability. Please use a separate sheet if necessary.

Thank you for your referral. We greatly value parent input. We will meet as a team to examine the various assessment and achievement data we will gather regarding your child. This referral form will be very helpful as we determine the best way to meet your child's unique learning needs. We will notify you of the team's recommendations.

*If you have any additional questions or concerns, please contact our
K-12 Gifted and Talented Coordinator,
Becky Collier at 471-1999 ext. 116 or becky.collier@thevanguardschool.com.*