

Child's Name: (Please print) \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Completed \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Form completed by: (Please print) \_\_\_\_\_ Relationship: \_\_\_\_\_

1. What are some behaviors you have observed in your child which lead you to believe that he/she should be considered for challenging high ability services in math or reading? (Please be specific.)

2. What are your child's favorite activities at school?

3. What are your child's major interests, hobbies and free-time activities?

4. Other information or comments:

Please continue adding your input by completing the other side of the form

