

**Spring Branch ISD Gifted and Talented Program
Secondary Referral Form**

**Return to counselor
by Oct 23rd**

PARENT Completes: In order for your child to be considered for the Spring Branch ISD Gifted and Talented (GT) Program, you must give your permission. **You are only giving permission for your child to be evaluated for the program.** If your child is identified as needing the special educational services provided by the GT Program, you will be sent a permission form for his/her participation in the program.

Student Name: _____
Last First MI

Date of Birth: ____/____/____ Current Grade Level: ____ School: _____

Address: _____ Phone #: _____
Street City Zip

Parent Email: _____

I give permission for my child, named above, to be evaluated for the Spring Branch ISD GT Program.

Printed Parent Name Parent Signature Date

STUDENT completes: We collect information from various sources and through a variety of measures. We want some direct information from you, about you. Please complete the rest of this form so that we may better understand you and your needs. You are welcome to discuss the questions with your parents to help you complete the form.

Tell us how often you experience the characteristics below. Please check the appropriate boxes. *You are welcome to provide written examples for each item, especially for those which you selected "almost all the time."*

Almost all the time		Often		Occasionally		Seldom or never
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1 Are you a perfectionist? Do you set high standards for yourself and others?

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For example: _____

2 Do you have strong ideas and feelings about fairness and justice?

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For example: _____

3 Are you highly sensitive, perceptive, or insightful?

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For example: _____

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Almost all the time
Often
Occasionally
Seldom or never

4 Do you feel out of sync with others? Are there few people who really “get” you?

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For example:

5 Are you fascinated by words or an avid reader?

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For example:

6 Are you extremely curious?

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For example:

7 Do you have an unrelenting (and possibly off-the wall) sense of humor?

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For example:

8 Are you a good problem solver?

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For example:

9 Do you question rules or authority? Do you need an explanation for why the rules or expectations are as they are?

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For example:

10 Do you connect ideas that others don’t see as related? Do people tell you that you have a great imagination?

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For example:

11 Do you learn things very rapidly, without repetition? Do you have a good long-term memory?

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For example:

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Student Name: _____

Almost all the time

Often

Occasionally

Seldom or never

12 Do you have so many interests and abilities that it is hard to focus your energies on developing any of them to your satisfaction?

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For example:

13 Do you have a great deal of energy? Do you have trouble turning off your thinking?

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For example:

14 Are you really intense about some things or have intense feelings?

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For example:

15 Do you love ideas, debates, and in-depth discussions?

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For example:

16 Do you need time for contemplation, to really think, and to just be alone?

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For example:

17 Do you have a large vocabulary? Do you use words that you have to explain to other kids your age?

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For example:

18 If there is anything we haven't asked about that you'd like to share with us, tell us below.
