'n	Douglas County School District	Parent Observation	on Form for Gifted Identification: Page 1 of 2	
Student	's Name:		Date:	
Current Teacher's Name:			School:	
PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND CIRCLE THE APPROPRIATE NUMBER ACCORDING THE FOLLOWING SCALE: 1 Seldom or never 2 Occasionally 3 Frequently 4 Almost always PLEASE GIVE SPECIFIC EXAMPLES FOR EACH STATEMENT. LEARNER CHARACTERISTIC SPECIFIC EXAMPLES OF OBSERVED BEHAVIORS				
1 2 3 4	Easily makes connections and sees relationships among unrelated ideas			
1 2 3 4	Learns quickly with little repetition			
1 2 3 4	Inquisitive, constantly asking questions			
1 2 3 4	Passionate in one or more areas of interest			
1234	Possesses a large storehouse of information about a variety of topics			
1 2 3 4	Shows unusual abilities in mathematics			
1 2 3 4	Uses advanced vocabulary			
1 2 3 4	Displays a high degree of creativity			
1 2 3 4	Is emotionally sensitive			
1 2 3 4	Is persistent in task completion			
1234	Expresses self clearly and accurately either through writing or speaking			
1 2 3 4	Displays a keen sense of humor			
1 2 3 4	Is competitive			
1 2 3 4	Strives toward perfection, is not easily satisfied with own speed or products			
1 2 3 4	Is uninhibited in expressions of opinion			
1 2 3 4	Has a high concentration level			
1 2 3 4	Seems to never proceed sequentially			

Parent Observation Form for Gifted Identification: Page 2 of 2				
Student's Name:				
1 2 3 4	Is idealistic			
1 2 3 4	May be a loner, quiet, complacent, invisible			
1 2 3 4	Is energetic			
1 2 3 4	Displays independence in work habits			
in what v	ways might your child's academic and/or social emotion	ar needs be met em ough grieed programming.		
Please de program		ncteristics or traits that may indicate your child's need for gifted		
What else	e would you like us to know about your child?			