Cognitive Testing:

Other: ___



1407 Claremont Ave.

Ashland, Ohio 44805

Parent/Guardian Gifted Survey for Permission to Test

Student's Last Name	Student's I	First Name	Date of Birth	/	Grade	Student		fication	n			
School Name	Room No.	Teacher's Nan	ne									
For the statements listed b	elow, circle the nu	umber of the	rating that	best descri	bes your chil	ld.	Almost Always	Often	Occasionally	Rarely		
Shows a great interest in book	ks						4	3	2	1		
Knows a lot of information about many topics							4	3	2	1		
Is always asking questions about anything and everything							4	3	2	1		
Knows and can use a large vocabulary							4	3	2	:		
Offers unusual and unique responses to problems							4	3	2	1		
Catches on to new ideas quickly							4	3	2	1		
Has a good sense of humor							4	3	2	1		
Displays unusual sensitivity to	o the feelings of other	ers					4	3	2	1		
Demonstrates good memory							4	3	2	1		
Displays a vivid imagination							4	3	2	1		
Enjoys discussing ideas with adults							4	3	2	1		
Is a perfectionist							4	3	2	1		
Remains interested in one topic for a long time						4	3	2	1			
Exhibits unusual ideas or approaches to problem solving (makes up new games, figures out a way to fix something, etc.)						4	3	2	1			
Has a "need to know" or "desire to excel"						4	3	2	1			
Please use the back of one or more of the char Yes, I give permission abilities, to my child. My s No, I DO NOT give prognitive abilities, to my c	to the Ashland City ignature will permit the permission to the Asl	School District e sharing of the	t to administer results with scl	individual te	st(s), which ma	ny inclu nd eval	ide tes	ets of purp	cogni oses.			
Signature of Parent/Guardian:					Dat	e:	/		/			
Address:					Tele	ephone:						
Please return completed form to: Ashland City Schools TDP Office Administrative Office				For office use only: Date form sent: Initiated by: Achievement Testing:								

Provide additional relevant information that is pertinent to this Gifted Survey.