



Nomination by Parent or Caregiver

Student's name: _____

Year: _____

Characteristic	Most of the time <i>Please tick ✓</i>	Some of the time <i>Please tick ✓</i>	Rarely <i>Please tick ✓</i>
Recalls facts easily			
Expresses himself/herself fluently			
Is always asking questions			
Has a sense of humour			
Finds unusual uses for things			
Tends to lead initiate activities			
Is curious			
Has long attention span			
Is easily bored			
Is an avid reader			
Thinks logically			
Mixes with older children and adults			
Is impulsive			
Is an independent learner			

When did your child first begin to read? Is he/she self-taught?

At what age did your child show an understanding of numbers, puzzles and patterns?

How many books and magazines would your child voluntarily read in a month?

Does your child have any unusual interests? If so, what are they?

What types of television programs does your child like to watch?

Does your child have an interest in music? If so, what is he or she learning and what level has been attained?

In what activities does your child participate outside school hours?

What hobbies and interests does your child have?

Would you consider that your child has a particular problem or need that may affect his or her learning?

Please add any other information you may feel relevant to your child's education.
