

Student Identification for Enrichment

Year 3 to Year 8 - Parent form



Student's Name: **Date:**

D.O.B.: **Age:** Years: Months:

Year Level in 20 ____ **Referring Parent/Teacher:**

Part A: Circle Yes or No for each question below

As a pre-schooler did your child:

- a. Learn to read and count before school **Yes / No**
- b. Develop speech from an early age and/or have an advanced vocabulary **Yes / No**
- c. Ask lots of questions about things around them and how things worked **Yes /No**

Part B: Thinking about your child now in relation to other children of the same or similar age, please circle the number which best describes your child for each statement below.

1 2 3 4 5
 Lacks this ability/skill Average Has this ability/skill to a high degree

Constantly curious and inquisitive	1	2	3	4	5
Has an excellent memory, thinks quickly	1	2	3	4	5
Is an avid reader	1	2	3	4	5
Shows leadership or initiative	1	2	3	4	5
Has strong sense of social justice	1	2	3	4	5
Highly imaginative or creative	1	2	3	4	5
Enjoys challenges and new information	1	2	3	4	5
Sets high standards for self or others	1	2	3	4	5

Part C: Please tick (✓) the box (☐). I believe my child's thinking skills are:

- Gifted or very able
 Above Average
 Average
 Below Average

Part D: Please tick (✓) the box (☐) if your child has advanced skills, excels in or a passion for

- Dance
 Gymnastics
 Athletics
 Singing
 Drama
 Visual Arts
 Plays musical instrument(s)
 Specialist hobbies
 Speaks several languages
 Other (please state)

Please provide any additional information about the child on the back of this form. Thank you.

Disclaimer: The licensed iStock photo is used for illustrative purposes only and the person depicted in the photo is a model.