Eagle Mountain Saginaw Independent School District Advanced Academics

Parent Observation Survey for Gifted & Talented Services

Please return this form to the campus GT Specialist.

Student Information

Student Name:_____ Birth Date: ___/___/___ Gender: ☐ Female ☐ Male

Current Grade:___ Current School:_____ Homeroom Teacher:_____

School Attended Previous Year_____

Has your child been tested for GT previously? ☐ No ☐ Yes If Yes, when?_____

What language(s) does your child speak/understand fluently?_____

What language is spoken in your home most of the time?_____

Parent/Guardian Information

Parent/Guardian Name:_____

Address:_____ City:_____ State:___ Zip:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Email Address(es)_____

Permission to Test

I give permission for _____ to be individually evaluated for possible placement in the gifted program. I understand that I will be notified by the campus if my child qualifies or does not qualify for Gifted and Talented Services.

Parent Signature:_____ Date:_____

Directions: Please select one response (Never, Sometimes, Often) for each category that best represents the

Directions: Provide a written response to the following questions.

Other than test scores and classroom grades, what are some current examples of your child's outstanding academic or creative abilities?

Describe early indications of your child's superior ability (speech, interest, physical ability).

Tell about a time when your child surprised you by his/her ability, understanding, and/or knowledge.

Please share any other information you think is important regarding your child.