

Appendix B

ICAGeorgia

**GIFTED PROGRAM
CONSENT EVALUATION
FORM B**

Student Name: _____ Birthdate: _____

Parents' Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____

_____ I understand the need for the proposed evaluation of my child. I give
ICAGeorgia permission to conduct this evaluation.

_____ I do not give my consent for this evaluation.

I understand I will be informed of the results of the evaluations by the school staff
conducting the evaluation, and I may review the educational records. No placement
will be made without my written consent.

Parent/Guardian Signature _____

Date _____

Appendix C
ICAGeorgia
GIFTED PROGRAM REFERRAL
PARENT INVENTORY
 Form C

Student: _____ Date: _____

Grade: _____ Birthdate: _____ Parent completing form: _____

A. What talents or skills do you think your child has?

Give examples of behavior that illustrated the talent or skills:

B. Rate the following items on how well they describe your child as you see him/her.

1= little 2=some 3= a lot DK=do not know
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1. Likes school	1	2	3	DK
2. Has interests beyond age level in games and/or reading	1	2	3	DK
3. Has lots of ideas to share	1	2	3	DK
4. Is observant	1	2	3	DK
5. Has many different ways of solving problems	1	2	3	DK
6. Is aware of problems that others often do not see	1	2	3	DK
7. Uses unique or unusual ways to solve a problem	1	2	3	DK
8. Wants to know “how” and “why”	1	2	3	DK
9. Likes to pretend	1	2	3	DK
10. Others call him/her to initiate activities or ideas	1	2	3	DK
11. Asks lots of questions about a variety of subjects	1	2	3	DK
12. Is not concerned with details	1	2	3	DK
13. Is able to plan and organize activities	1	2	3	DK
14. Often finds and corrects own mistakes	1	2	3	DK
15. Makes up creative stories	1	2	3	DK
16. Enjoys other people and seeks them out	1	2	3	DK
17. Sets high standards for self	1	2	3	DK
18. Chooses difficult problems over simple ones	1	2	3	DK
19. Able to laugh a him/herself	1	2	3	DK
20. Likes for others to know about his/her ideas	1	2	3	DK

C. List some of your child’s favorite types of books or some favorite titles/authors:

D. Favorite school subject:

E. General attitude toward school:

F. Hobbies and/or special interests:

G. What special lessons, training, or learning opportunities does your child have outside of school?

H. Are there any influences at home or school that may have a negative influence on your child's performance in school?

I. What other information might assist us in planning a program for your child?