

PARENT NOMINATION FORM

General Information

Child's Name

Date of Birth Age Position in Family

Address

..... P/Code

Name of School

Parents' Names: Mother Ph

Father Ph

Child resides with: Mother Father Both

Nomination Details

Please circle a number for each item which best describes your child.

4 Always, 3 Usually, 2 Sometimes, 1 Never.

Is an avid reader	4	3	2	1
Recalls facts easily	4	3	2	1
Learns rapidly and easily	4	3	2	1
Thinks quickly	4	3	2	1
Has a large vocabulary which is used easily and accurately	4	3	2	1
Asks many "why" questions	4	3	2	1
Does academic work at home that is not expected at school	4	3	2	1
Likes to know how things work	4	3	2	1
Has a long concentration span	4	3	2	1
Is impulsive	4	3	2	1
Sets him/herself high goals	4	3	2	1
Has a good memory	4	3	2	1
Has a great deal of curiosity	4	3	2	1
Is interested in things that are usually thought of as being for older children or adults	4	3	2	1
Is artistic eg draws, paints, models, dances, plays a musical instrument well	4	3	2	1
Follows complex instructions	4	3	2	1
Enjoys complicated games and puzzles	4	3	2	1
Is independent and self sufficient	4	3	2	1
Can set his/her own tasks and challenges	4	3	2	1
Has a well developed sense of humour	4	3	2	1
Shows initiative	4	3	2	1
Tends to dominate others if given a chance	4	3	2	1
Has a great interest in the environment, the future and/or world issues	4	3	2	1
Is very sensitive, ie feels joy, injustice, rejection keenly	4	3	2	1
Needs little sleep	4	3	2	1
Likes to collect things	4	3	2	1
Becomes bored easily	4	3	2	1

Did your child read before starting school? Yes No

If yes did he/she teach him/herself? Yes No

What books has your child read and enjoyed recently?

Does your child have a passionate interest? Yes No

Please explain the passion

In what extra activities does your child participate?

What problems, if any, is your child having at school as a result of high ability?
Please add any extra comments about your child that you believe may be relevant eg. any special accomplishments, special talents, relationships with others.

What social problems, if any, is your child having as a result of high ability?

*Add an extra page if necessary

Would you be prepared to have the above information used anonymously for research purposes?

Yes No

Signature Date

Please return to: Student Nominations G.T.C.A.S.A.,
PO Box 1111, Unley, SA 5061