**BARROW COUNTY SCHOOLS**  
**PARENT REFERRAL FORM FOR THE GIFTED PROGRAM**

<table>
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<tr>
<th>Name of Student</th>
<th>Age</th>
<th>Address</th>
<th>School</th>
<th>Grade</th>
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Instructions: **In relationship to the typical child in your neighborhood**, please circle a number for each item which best describes your child: 5 – has this trait to a high degree; 4 – has this trait more than the typical child; 3 – compares with the typical child; 2 – has this trait less than the typical child; 1 – lacks this trait. Return the completed form to the SCOPE teacher in your child’s school.

1. Has advanced vocabulary, expresses himself or herself well  
2. Thinks quickly and recalls facts easily  
3. Wants to know how things work  
4. Was reading before he/she started kindergarten  
5. Enjoys reading and reads a lot  
6. Puts unrelated ideas together in new and different ways  
7. Becomes bored easily, if not challenged  
8. Asks reason why – questions almost everything  
9. Likes “grown-up” things and to be with older people  
10. Has a great deal of curiosity, shows interest in a variety of things  
11. Is adventurous  
12. Has a good sense of humor  
13. Is impulsive, acts before he/she thinks  
14. Tends to dominate others if given the chance  
15. Is persistent, sticks to a task once started  
16. Has good physical coordination and body control  
17. Is independent and self-sufficient in looking after himself/herself  
18. Is aware of his/her surroundings and what is going on around him/her  
19. Has a long attention span  
20. Wanted to do things for himself/herself early – example: dressing and feeding himself/herself  
21. Is able to plan and organize activities and work with others  
22. Uses unusual way of solving problems

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Parent Referral Form-  
Please submit to the school’s gifted teacher(s)