

PINELLAS COUNTY SCHOOLS  
GIFTED CONSIDERATION PARENT/GUARDIAN QUESTIONNAIRE

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*The information you provide is important and may show evidence that your child exhibits some gifted characteristics and may need additional programming beyond the general education curriculum. Observations from a parent/guardian can provide information that may be unknown or unobserved by teachers in the educational setting. These observations can also give insight to your child's strengths and interests.*

**Please give an example for each:** (you may skip any that do not apply)

**An example of how my child surprises me with his/her knowledge:**

**An example of how my child comes up with imaginative and/or unusual ways of doing things:**

**An example of how my child is intellectually curious and asks thoughtful questions:**

**An example of how my child finds humor in situations or events unusual for his/her age:**

**An example of how my child can focus on a particular topic for an unusually long period of time:**

**An example of how my child is a collector:**

**My child's favorite part of school is:**

**Please add any other information that you think would help us to know more about your child and his/her strengths and/or areas of interest:**

**Please list the address you would like your child's gifted eligibility determination sent to:**