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Gifted Questionnaire

The following questions are asked so that we can better understand your child. This type of information is very helpful in making an accurate diagnosis and providing educational recommendations. Please read the questions carefully and answer as fully as possible. We will have the opportunity to discuss these questions in detail at the time of your child's appointment. Thank you.

PLEASE PRINT

DATE _____ CHILD'S NAME _____

BIRTHDATE _____ AGE _____

PERSON COMPLETING FORM _____

RELATIONSHIP TO PATIENT _____

CHILD'S HOME ADDRESS _____

HOME PHONE _____ WORK PHONE _____

ARE YOU THE CHILD'S LEGAL GUARDIAN? YES NO

IF NO, PLEASE GIVE NAME OF GUARDIAN _____

GUARDIAN'S ADDRESS/PHONE _____

PARENT'S MARITAL STATUS _____ IF MARRIED, HOW LONG? _____

REFERRED BY: _____ PEDIATRICIAN: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

What questions do you have that you hope this evaluation will answer? _____

Has your child ever been previously evaluated ?

YES _____ NO _____ If yes, please explain (**Please bring a copy of all reports to the evaluation**):

Have any other family members (i.e., mother, father, brother, sister, aunt, uncle, etc.) been identified as "gifted"? YES _____ NO _____ If yes, please explain:

Describe the best things about your child: _____

Does your child have any chores or responsibilities at home? _____

Describe your child socially (friends, friends, popularity, participation, etc.): _____

Does your child have any special interests or talents? _____

Does your child play any musical instruments or play sports? _____

Is your child involved in any community or service-based activities? _____

DEVELOPMENTAL MILESTONES: (Please provide the approximate ages for each milestone)

Smile: _____ First syllables ("ma ma"): _____
Sat alone: _____ First words: _____
Crawled: _____ 2-3 Word Phrases (e.g. "go bye-bye"): _____
First steps: _____ Complete Sentences: _____
Walked alone: _____ Toilet Training (Day): _____
Running: _____ Toilet Training (Night): _____

Please describe your child's current level of physical skills/coordination: _____

CHILD'S PRESENT MEDICAL STATUS

Current Health: _____ (Please rate poor, fair, good, excellent, etc.)

Child's present height: _____ weight: _____

Is your child in any way physically ill at this time? YES__ NO__ If yes, please explain and specify if your child is currently being treated for this illness: _____

Please list any medication your child is currently taking:

<u>Medication</u>	<u>Dose</u> (e.g. 20mg four times a day)	<u>Date Started</u>
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Is your child currently involved in any type of professional mental health treatment (i.e., psychotherapy, family counseling, etc.)? YES _____ NO _____ If yes, please list:

<u>Clinic</u>	<u>Date(s) seen</u>	<u>Contact Person</u>	<u>Phone Number</u>
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EDUCATIONAL HISTORY:

Name of Current School: _____

Home School District: _____

School Address: _____

Current Grade Placement: _____

Classroom Type (i.e., regular, advanced placement, resource room, etc.): _____

Teacher's Name: _____

Principal's Name: _____

School Psychologist or Counselor: _____

Please list the name(s), addresses and phone numbers of any other persons involved in your child's education who you feel we should contact:

Did your child attend a preschool program? YES _____ NO _____ If yes, what type of program, at what age did he/she begin, and the frequency of attendance (i.e., Nursery school, age 4, 2 times per week, 2 hour session): _____

Does your child currently receive special education services? YES _____ NO _____ If yes, specify type (i.e., challenge, enrichment, self-contained class, resource room, reading or math lab, etc.):

What are your child's current grades? _____

Were you ever in any type of special education class (including gifted classes)? YES ___ NO ___ If yes, please explain: _____

Please use this space for any additional information/comments you wish to share with us about your child:
