

**HIGHLY CAPABLE ASSESSMENT
PARENT/COMMUNITY CHECKLIST**

~ALL STUDENTS MUST BE REGISTERED~

Please complete all student information

Student Name _____ School _____
 Address _____ Teacher _____
 _____ Grade _____ Gender _____
 Telephone # _____ Birthdate _____

Please check the following characteristics that you observe in your child.

- | | |
|--|--|
| <input type="checkbox"/> High activity level, or loud | <input type="checkbox"/> Asks penetrating, bizarre or embarrassing questions |
| <input type="checkbox"/> Imaginative, creative , innovative, inventor, artist | <input type="checkbox"/> Clear expression ; uses language fluently and colorfully and ahead of age-mates (not blabbermouth) |
| <input type="checkbox"/> Friends are older; viewpoints, values and language differ from other folks; doesn't fit in | <input type="checkbox"/> Perfectionist at times |
| <input type="checkbox"/> Independent , values own judgment | <input type="checkbox"/> Has a wide range of interests /broad knowledge base/trivia |
| <input type="checkbox"/> Learns anything quickly, curious , interested, questioning | <input type="checkbox"/> Hates repetition , deplores routine |
| <input type="checkbox"/> Has one or more well-developed special talents or hobbies | <input type="checkbox"/> Has high standards , concerned with right and wrong |
| <input type="checkbox"/> Takes risks , even inappropriate ones | <input type="checkbox"/> Daydreams, wonders , tries "what ifs?" |
| <input type="checkbox"/> Knows the answer before the question is asked | <input type="checkbox"/> Loses track of time |
| <input type="checkbox"/> Starts lots of projects | <input type="checkbox"/> Likes to organize and structure things and people |
| <input type="checkbox"/> Not satisfied with the simple or the obvious | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Shares learning with others | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Advanced sense of humor | |

Other information you would like to add:

I would like to have my child tested for the Highly Capable Program.

Parent Signature _____ Date _____

RETURN TO YOUR SCHOOL OFFICE MANAGER