Student Name:	Date:	
School:	Grade:	Age:
Parent's Name:	Birthdate:	
Teacher's Name:		

Instructions: *Please mark the box beside each statement that indicate your child's ability in the areas listed below:*

	Seldom or Never	Occasionally	Considerably	Almost Always

Creativity

1. Displays a great deal of curiosity

2. Generates a large number of ideas or solutions to problems and questions; often-unique answers

3. Likes to adapt improve, or modify objects and instructions

4. Shows emotional sensitivity and is sensitive to beauty in ways that others may not be

5. Offers constructive criticism

Motivation

6. Becomes absorbed and truly involved in certain topics, problems or interests; is persistent about finishing projects

7. With work that excites him/her, the child needs little external motivation

8. Strives towards perfections

9. Prefers to work independently

10. Is quite concerned with right and wrong; good and bad

Leadership

11. Seems well liked by classmates and is cooperative and self-confident

12. Can express himself/herself well

13. Is flexible in new situations

14. Participates in most social school activities

15. Likes to organize people, things, or situations

Academic Ability

16. Asks questions about the cause and reason for things

17. Makes up or expands raps, songs, stories, riddles, or pictures about learning experiences

18. Displays good mastery of basic skills in most subject areas

19. May have unusually advance vocabulary and/or reading level; reasons things out, thinks clearly, recognizes relationships, and comprehends meaning.

20. Picks up on ideas of others; elaborates or makes them work.

Add Columns

Multiply Each Column by Weight Above

Add Weighted Columns: **Total**

X1	X2	X3	X4

Parent Signature_____

Date: _____