



Advanced Academics Parent Behavioral Questionnaire

Excellence Through Integrity and Innovation

Student Name: _____ ID# _____ Grade: _____

Directions: (A) Read each item carefully. Circle the number that most accurately describes your child's behaviors. (B) Answer the four questions on the second page. Total each column.

| | <i>Never</i> | | <i>Sometimes</i> | | <i>Frequently</i> |
|--|--------------|---|------------------|---|-------------------|
| 1. <i>Learns rapidly</i> | 0 | 1 | 2 | 3 | 4 |
| 2. <i>Large vocabulary in dominant language</i> | 0 | 1 | 2 | 3 | 4 |
| 3. <i>Early and enthusiastic reader</i> | 0 | 1 | 2 | 3 | 4 |
| 4. <i>Likes to solve problems</i> | 0 | 1 | 2 | 3 | 4 |
| 5. <i>Curious</i> | 0 | 1 | 2 | 3 | 4 |
| 6. <i>Wide range of interests</i> | 0 | 1 | 2 | 3 | 4 |
| 7. <i>Creative, inventive or artistic</i> | 0 | 1 | 2 | 3 | 4 |
| 8. <i>Understands jokes children his own age do not understand</i> | 0 | 1 | 2 | 3 | 4 |
| 9. <i>Fantasizes</i> | 0 | 1 | 2 | 3 | 4 |
| 10. <i>Sensitive to their own feelings and others feelings</i> | 0 | 1 | 2 | 3 | 4 |
| 11. <i>High self-expectations</i> | 0 | 1 | 2 | 3 | 4 |
| 12. <i>Self-awareness</i> | 0 | 1 | 2 | 3 | 4 |
| 13. <i>Easily wounded, need for emotional support</i> | 0 | 1 | 2 | 3 | 4 |
| 14. <i>Concerned with fairness and morals</i> | 0 | 1 | 2 | 3 | 4 |
| 15. <i>Constantly questions</i> | 0 | 1 | 2 | 3 | 4 |
| 16. <i>Independent</i> | 0 | 1 | 2 | 3 | 4 |
| 17. <i>Responsible</i> | 0 | 1 | 2 | 3 | 4 |
| 18. <i>Excellent memory</i> | 0 | 1 | 2 | 3 | 4 |
| 19. <i>Engages in self-initiated activities</i> | 0 | 1 | 2 | 3 | 4 |
| 20. <i>Relates better to adults than to their peers</i> | 0 | 1 | 2 | 3 | 4 |
| 21. <i>Leader or chosen by others to help</i> | 0 | 1 | 2 | 3 | 4 |
| 22. <i>Good with puzzles</i> | 0 | 1 | 2 | 3 | 4 |
| 23. <i>Long attention span in areas of interest</i> | 0 | 1 | 2 | 3 | 4 |
| 24. <i>Intensely focuses on interests</i> | 0 | 1 | 2 | 3 | 4 |
| 25. <i>Risk taker</i> | 0 | 1 | 2 | 3 | 4 |
| TOTALS (EACH COLUMN) | | | | | |
| TOTAL (SUM OF ALL COLUMNS) | | | | | |



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1. Do you have other children who have been identified as Gifted and Talented?

____ Yes

____ No

2. Are any of them receiving Gifted and Talented services?

____ Yes

____ No

If "Yes," what services (i.e. pull-out, Pre-AP): _____

3. What special talents or abilities does your child exhibit?

4. Tell about a time when your child surprised you by his/her ability, understanding, and/or knowledge.

Parent Name (Print): _____

Parent Signature: _____

Date: _____