

PARENT NOMINATION FORM FOR HIGHLY CAPABLE SERVICES

Linda Silverman, Ph.D.

Student's Name _____

School: _____

Current Grade and Teacher: _____

Date: _____

Please check all statements that apply. Did your child:

- 1. Develop earlier than others (walking, talking, etc.)? _____
- 2. Appear highly active as an infant? _____
- 3. Show early signs of alertness? _____
- 4. Ever have imaginary playmates? _____
- 5. Learn to read before school age? _____

Please read the statements carefully and place an "X" in the appropriate column according to the following scale: **Not at All, Somewhat, Usually, Don't Know**

Does your child:	Not at All	Somewhat	Usually	Don't Know
1. have a long attention span?				
2. have an unusual memory?				
3. have good problem-solving abilities?				
4. have a great deal of curiosity?				
5. have any time-consuming hobbies or collections?				
6. have a wide range of interests?				
7. spend a great deal of time reading?				
8. show unusual ability in mathematics and puzzles?				
9. appear to be a leader rather than a follower?				
10. become preoccupied with his/her interests?				
11. have an extensive vocabulary?				
12. have a sophisticated sense of humor?				
13. question adult authority?				
14. prefer the company of older children or adults?				
15. seem mature for his/her age?				
16. have a high level of self-awareness?				
17. have a high degree of personal sensitivity?				
18. show compassion toward others?				
19. have a highly developed imagination?				
20. appear perfectionistic or want to be "best" in everything?				
21. sometimes refuse to do repetitious activities (such as pages of math homework)?				

If you have further information or comments that might help us in the identification process, please write them on the back of this form.

I nominate my child for Highly Capable Services and give my permission for further assessment.

Parent Signature: _____

**Please return this form to your building principal by February 23, 2018