

**Identification Recommendation (Parent): Leadership Domain**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(first / last)

Parent/Guardian Completing Survey: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(first / last)

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
(mm/dd/yyyy)

Teacher Name: \_\_\_\_\_  
(first / last)

**Definition of Gifted Students**

The District 12 Gifted and Talented Program has adapted a definition of gifted children from the Colorado Department of Education, based on The Colorado Rules for the Administration of the Exceptional Children's Act (1CCR 301-8, Section 2220-R-8.01 et seq.).

*Gifted and talented children are those whose abilities, talents, and potential for accomplishment are so exceptional or developmentally advanced that they require special provisions to meet their educational needs. Gifted and talented students are capable of high performance, exceptional production, or exceptional learning behavior by virtue of any or a combination of these areas:*

- (a) *General or specific intellectual ability*
- (b) *Specific academic aptitude*
- (c) *Creative or productive thinking*
- (d) *Leadership and human relations abilities*
- (e) *Visual arts, performing arts, spatial or musical abilities*

*NOTE: Use back of this form or attach additional paper if needed*

**Based on the definition above, what do you see in your student's behavior and/or abilities that leads you to recommend him or her for GT identification?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What specific needs does your student have that you feel are appropriate for us/school to know?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Feel free to provide & attach any evidence and/or examples of the student's strengths.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I give permission for my child to be assessed for Gifted and Talented services. This process may include the use of instruments such as the Wechsler Preschool and Primary Scales of Intelligence-Fourth Edition (WPPSI-IV), Wechsler Intelligence Scale for Children- Fourth Edition (WISC-IV), Cognitive Abilities Test, review of available records, various behavioral scales and academic achievement measures, or other instruments/procedures as appropriate. ***I understand that if my approval is not received my child will not have the opportunity to be assessed this academic year.***

\_\_\_\_\_ I do not want my child to be considered for Gifted and Talented services.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

(first / last)

Gifted & Talented Services PARENT RATING SCALE **LEADERSHIP** RECOMMENDATION

**Please submit the permission & survey to your school building's GT Coordinator.**

On questions 1-10 please rate the child 1-5. Give examples to illustrate your observations of the child's strengths and abilities.

(In primary or secondary language)

	<u>Almost Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Often</u>	<u>Almost Always</u>
1. Respected by classmates. <i>Example:</i>	1	2	3	4	5
2. Shows care and concern for others. <i>Example:</i>	1	2	3	4	5
3. Communicates effectively. <i>Example:</i>	1	2	3	4	5
4. Influences behaviors of others. <i>Example:</i>	1	2	3	4	5
5. Drawn to challenges. <i>Example:</i>	1	2	3	4	5
6. Leads or bosses. <i>Example:</i>	1	2	3	4	5
7. Cooperates when working with others. <i>Example:</i>	1	2	3	4	5
8. Organizes people and/or structures. <i>Example:</i>	1	2	3	4	5

	<u>Almost Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Often</u>	<u>Almost Always</u>
9. Demonstrates responsible behavior. <i>Example:</i>	1	2	3	4	5
10. Ambitious. <i>Example:</i>	1	2	3	4	5