



PARENT QUESTIONNAIRE

L. HOLLINGWORTH SCHOOL FOR TALENTED & GIFTED

Please fill out this questionnaire about your child as accurately as possible. If you answer “yes” to any of the character traits please include a specific example that demonstrates why you answered “yes”. Attach extra paper as needed.

Student Name: _____

YES	NO	Does your child posses any of the following traits:
<input type="checkbox"/>	<input type="checkbox"/>	Rapid Learning Ability
<input type="checkbox"/>	<input type="checkbox"/>	Extensive Vocabulary
<input type="checkbox"/>	<input type="checkbox"/>	Good Memory
<input type="checkbox"/>	<input type="checkbox"/>	Long Attention Span
<input type="checkbox"/>	<input type="checkbox"/>	Perfectionism
<input type="checkbox"/>	<input type="checkbox"/>	Preference for Older Companions
<input type="checkbox"/>	<input type="checkbox"/>	Sophisticated Sense of Humor
<input type="checkbox"/>	<input type="checkbox"/>	Early Interest in Books
<input type="checkbox"/>	<input type="checkbox"/>	Ability in Puzzles and Mazes
<input type="checkbox"/>	<input type="checkbox"/>	Mature for Age
<input type="checkbox"/>	<input type="checkbox"/>	Curiosity
<input type="checkbox"/>	<input type="checkbox"/>	Perseverance
<input type="checkbox"/>	<input type="checkbox"/>	Keen Powers of Observation
<input type="checkbox"/>	<input type="checkbox"/>	Reasons Well
<input type="checkbox"/>	<input type="checkbox"/>	Sense of Humor
<input type="checkbox"/>	<input type="checkbox"/>	Compassion for Others
<input type="checkbox"/>	<input type="checkbox"/>	Vivid Imagination
<input type="checkbox"/>	<input type="checkbox"/>	Ability with Numbers
<input type="checkbox"/>	<input type="checkbox"/>	Concern with Justice and/or Fairness
<input type="checkbox"/>	<input type="checkbox"/>	Wide Range of Interests
<input type="checkbox"/>	<input type="checkbox"/>	High Levels of Activity