

Date Received: _____

**Gary Community School Corporation
High Ability Services**

**PRE-SCHOOL/ KINDERGARTEN OR PARENT QUESTIONNAIRE
Grade K 2018-2019 School Year**

We are interested in finding out more about your child's special strengths before he/she enters kindergarten. This will assist us in identifying children who may have different learning styles and may require some special instructional strategies. Please help us by completing the questionnaire below. Your assistance will help us in planning a more meaningful educational program for your child. **Your child must be 5 years old on or before August 1 to participate in High Ability Testing.**

Kindergarten Testing will begin in Spring 2018. You will be notified by (e)mail concerning the scheduled date and time of your child's testing.

Please Print

Child's Name _____ Birth Date _____ Gender _____
Address _____ Apt # _____ Zip Code _____
Phone # _____ Emergency Phone # _____ Date _____
Cell Phone _____ E-Mail _____

Parent Name _____

This child:

	Yes	No	Not Sure
1. learns faster than children of the same age	___	___	___
2. tries to do things on his/her own	___	___	___
3. works or plays at one thing for a long period of time	___	___	___
4. is curious about his/her surroundings	___	___	___
5. has an unusually good memory	___	___	___
6. likes to participate/play with other children	___	___	___
7. tends to be a leader rather than a follower	___	___	___
8. asks a lot of questions about a variety of subjects	___	___	___
9. understands words and ideas that seem too difficult for other children his/her age	___	___	___
10. uses a variety of words when talking	___	___	___
11. likes to have his/her ideas known	___	___	___
12. makes up stories and has ideas that are unique	___	___	___
13. uses clear and complete sentences	___	___	___
14. chooses difficult problems over simple ones	___	___	___
15. has a favorite topic of conversation or a favorite toy	___	___	___
If the answer is yes, please tell what the topic or toy is _____			

16. has shown unusual interest and talent in music or art	___	___	___
If the answer is yes, please explain _____			

17. can read	___	___	___
If the answer is yes, please name the child's favorite book(s) _____			

18. will have difficulty adjusting to kindergarten _____

19. What special lessons, training or learning opportunities does your child have outside of school?

20. What are the family's favorite activities?

21. Every parent sees special things about his/her child that other people miss. Describe your child.

22. What special talents or skills does your child have? Please give examples of behavior that demonstrates this.

23. Please add any comments, which would help us in making kindergarten a positive experience for your child.

Pre-School Teacher Signature _____

Parent Signature _____

*Please return this form to:
Ms. G. Harper
Office of the Chief Academic Officer (CAO)
1988 Polk Street, Gary, IN 46407
(219)881-5410*

FOR HIGH ABILITY SERVICES OFFICE USE ONLY

Date Response Mailed: _____
