St Dympna’s
Gifted and Talented Program

Parent Nomination

Child’s Name: _________________________________  Class:   ___________
Parent:  _______________________________________   Date:   ___________

Circle the areas where you feel your child may have gifts and talents.

<table>
<thead>
<tr>
<th>Maths/Logic</th>
<th>Words/Language</th>
<th>Space and Vision</th>
<th>Physical</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>The Arts</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Write about the areas you feel has particular gifts or talents: _______________________
________________________________________________________________________
________________________________________________________________________

Name any areas that challenge your child or you would like them to be challenged in.
________________________________________________________________________

*Please rate your child under these areas (based on Gerric Resources Checklist):

5 - Strongly Agree to 1 - Strongly Disagree

My child:

- Has quick recall of information.  5 4 3 2 1
- Knows a lot more about some topics than other children that age.  5 4 3 2 1
- Uses advanced vocabulary.  5 4 3 2 1
- Began to read or write early.  5 4 3 2 1
- Shows unusually intense interest when learning new things.  5 4 3 2 1
- Understands things well enough to teach others.  5 4 3 2 1
- Is comfortable around adults.  5 4 3 2 1
- Shows leadership abilities.  5 4 3 2 1
- Is resourceful and improvises well.  5 4 3 2 1
- Uses imaginative methods to accomplish tasks.  5 4 3 2 1