

Katy Independent School District  
**Secondary Challenge Program**  
**PARENT CHECKLIST**

|                         |             |     |                   |  |                                     |             |                     |           |
|-------------------------|-------------|-----|-------------------|--|-------------------------------------|-------------|---------------------|-----------|
| Student Name: Last      |             |     | First Name:       |  |                                     | MI:         | Sex<br>M F          | Ethnicity |
| Language Spoken at Home |             |     | Campus            |  |                                     | School Year |                     |           |
| Parent Name             |             |     | Telephone #       |  | Work #                              |             | Student Birth Date: |           |
| Street Address:         |             |     |                   |  | E-mail address                      |             |                     |           |
| City                    | State<br>TX | Zip | Student ID Number |  | Current Grade<br>5 6 7 8 9 10 11 12 |             |                     | Teacher:  |

I give my permission for the district to collect additional information about my child. I also give permission for my child to be served in the GT Program if he/she is identified for placement.

|                           |      |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

**IMPORTANT: Return by  
2:30pm, December 6, 2017.**

Check the box for each content area for which you request screening. Write the name of your child's current content area teacher(s) (if known) in the blank(s) provided:

**Screen my child in the following content areas:**

- |                          |                     |  |                                 |
|--------------------------|---------------------|--|---------------------------------|
| <input type="checkbox"/> | G/T English/Reading |  | Current English/Reading Teacher |
| <input type="checkbox"/> | G/T Math            |  | Current Math Teacher            |
| <input type="checkbox"/> | G/T Science         |  | Current Science Teacher         |
| <input type="checkbox"/> | G/T Social Studies  |  | Current Social Studies Teacher  |

**Directions:** Circle the number that best describes your child.

- 4 = My child demonstrates this trait most of the time.
- 3 = My child demonstrates this trait frequently.
- 2 = My child rarely demonstrates this trait.
- 1 = My child does not have this trait.



**Note: If you circle a "3" or "4", please give an example to explain your response. If no example is given, a "2" will automatically be given for that item.**

**My child . . .**

|   |   |   |   |   |
|---|---|---|---|---|
| 1. Has unusually advanced vocabulary for age or grade level.  | 1 | 2 | 3 | 4 |
|   |   |   |   |   |
| 2. Is able to express ideas in a variety of ways.   | 1 | 2 | 3 | 4 |
|   |   |   |   |   |
| 3. Is a keen and alert observer; usually "sees more" or "gets more" out of a story, film, etc., than others.    | 1 | 2 | 3 | 4 |
|   |   |   |   |   |
| 4. Is interested in many adult problems such as politics, religion, philosophy – more than usual for age level. | 1 | 2 | 3 | 4 |
|   |   |   |   |   |
| 5. Uses analogies to make generalizations; looks for similarities and differences. (Give examples.)             | 1 | 2 | 3 | 4 |
|   |   |   |   |   |

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 6. Displays a keen sense of humor and sees humor in situations that may not appear to be humorous to others.   | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| 7. Generates many ideas or solution to problems; often unusual or clever responses.  | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| 8. Tries to understand complicated material by separating it into its respective parts; reasons things out for himself; sees logical and common sense answers. | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| 9. Has rapid insight into cause-effect relationships; tries to discover the how and why of things; asks many provocative questions.                            | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| 10. Displays a great deal of curiosity about many things; is constantly asking questions about anything and everything.  | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| 11. Possesses a large storehouse of knowledge about a variety of topics.   | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| 12. Has quick mastery and recall of factual information.   | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| 13. Is persistent in task completion. (It may sometimes be difficult to get him/her to move to another topic.)   | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| 14. Initiates independent learning.  | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| 15. Accepts academic challenges with enthusiasm.   | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| 16. Reads a great deal on his/her own; usually prefers above-level materials.  | 1                        | 2   | 3                        | 4  |
|  |                          |     |                          |    |
| Has your child previously been screened for the Katy ISD GT program?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, at which campus? _____   | School year _____        |     |                          |    |
| Is your child currently served in any other special programs?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, identify program _____   |                          |     |                          |    |
| What other information would you like us to know about your child?   |                          |     |                          |    |

**For office use only:**

|       |     |       |       |       |
|-------|-----|-------|-------|-------|
| 1's   | 2's | 3's   | 4's   |       |
| _____ | +   | _____ | +     | _____ |
|       |     | +     | _____ | =     |
|       |     |       | _____ | _____ |