



*Phillipsburg - Osceola Area School District*

*Gifted Screening - Parent Information*

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

\_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

-----  
Describe your child's general attitude toward school: \_\_\_\_\_

\_\_\_\_\_  
List any special talents, interests, and /or skills your child may have: (eg. artistic, musical, athletic abilities, or leadership roles in clubs, organizations): \_\_\_\_\_

\_\_\_\_\_  
How does your child spend leisure time? \_\_\_\_\_

\_\_\_\_\_  
What are your child's special needs as they relate to the instructional setting? \_\_\_\_\_

\_\_\_\_\_  
Additional Comments: \_\_\_\_\_

Use the back of this form if necessary.

Use the back of this form if necessary.