



Tuba City Unified School District No. 15

"Stronger Together"

Tuba City Unified School District
PO Box 67
Tuba City, AZ 86045
(923) 283-1076

Gifted Program *Parent/Guardian* Input Form

Student Name: _____ Grade: _____

Parent/Guardian: _____ Phone Number: _____

Program Status:

As of this school year, my child is...

- Being referred to the gifted program for the first time
- A previously identified gifted student seeking continued services
- An identified gifted student currently enrolled in the gifted program

Strengths: (Name any areas of strengths that you feel your child possesses. Strengths listed do not have to be related to your child's work in school)

Needs: (Based on your observations, please name any areas in which your child may require additional assistance or focus)

Interests: (Name any areas in which your child appears to excel and/or have a passionate interest)

Activities: (Name any activities, in and out of school in which your child participates; ex: sports, clubs, religious)

Work Habits: (How does your child approach tasks or long-term assignments?)

- He/She approaches all tasks with enthusiasm.
- His/Her level of enthusiasm varies, depending on the task.
- Most often, he/she needs to be encouraged to begin any task.
- Other: _____

Name some specific ways in which you assist your child with schoolwork/tasks completed at home.

Learning Style: Based on your observations, in what ways does your child learn new material best? (Check all that apply)

- Listening to information
- Seeing/observing information
- Through hands-on activities
- Working in groups/partners
- Working independently
- Through music/sound association
- Through logical patterns
- Other: _____

Additional informational: (Please share any other information about your child that you believe is relevant or would be beneficial for us to know as we formulate their plan and goals for this year)

Comments: (Please share any additional comments/concerns you have for us with regards to the gifted program)

Parent Signature: _____ Date: _____