



Nevada R-5 School District Action Program  
Parent Referral Form  
Truman Elementary

Student Name	Date of Birth
Parent/Guardian	Current Grade and Classroom Teacher
Home Address	Home Phone Number  Cell Phone—optional
Has the student participated in a gifted/talented program in another school district?	If yes, please give the district name, district city, and district state.
Languages spoken in the home:	Please telephone Truman Elementary if you wish to complete this form by interview.

In the space provided below, please explain why this child should be considered for the Action program.

# Action Parent Referral Form

Page 2

Student: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade level: \_\_\_\_\_

Please fill out this form using clear handwriting. Check the appropriate box for your response.

	Never	Seldom	Occasionally	Consistently
My child comes up with imaginative and/or unusual ways of doing things.				
My child is highly sensitive.				
My child is curious and asks thoughtful questions.				
My child has a long attention span if interested.				
My child uses imaginative figures of speech such as puns or analogies.				
My child has a strong sense of humor for events that are above high age level peers.				
My child surprises me with his/her knowledge.				
My child has a high energy level.				
My child is a strong and/or avid reader.				
My child has an advanced vocabulary.				
My child maintains many interests/hobbies/activities.				
My child is eager to try new activities.				
My child produces products of unusual character or quality.				
My child remembers facts and details to a high degree.				
My child becomes impatient with drill and routine.				
My child retains what is learned with little repetition.				
My child is easily able to do more than one thing at a time.				
My child tends to dominate friends or peers.				
My child is sensitive to the feelings of others.				
My child worries about others in the world.				
My child has an awareness of world events.				
My child prefers the company of older friends or adults.				
My child shows an understanding of concepts beyond his/her age.				
My child questions authority.				

# Action Parent Referral Form

Page 3

Student Name: \_\_\_\_\_

Please take 3-4 of the criteria from page two and describe with specific details how you see these characteristics in your child.

Characteristic \_\_\_\_\_

Characteristic \_\_\_\_\_

Characteristic \_\_\_\_\_

Characteristic \_\_\_\_\_

