

Chariho Middle School Hi-C and VHS Parent Referral Form

Student Name: _____ Grade: _____ Team: _____

Parent's Name: _____ Phone: _____

The following questions are intended to determine whether this child fits the criteria for participation. Please answer the questions as completely as possible. **Please limit this form to one page – attachments will not be considered.**

Intellectual Ability	Less than	Like others	More than	Much more	Examples
Speaks like an adult, uses advanced vocabulary					
Knows a lot about many topics					
Uses new ideas in different situations					
Learns quickly with little practice					
Has the ability to see cause and effect					
Shows skill in judging or evaluating new situations					
Can imagine self in a situation where s/he has no personal experience					
Shows great curiosity; asks questions with no simple answers					
Has exceptional memory					
Notices similarities, differences, and patterns in the world					
Loves books, reading, and/or other academics					
Is very observant, notices details					
Understands things that are very complicated					
Enjoys talking with adults					