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Background Information Form – Gifted Assessment

Student Information

Student's Name: _____

Nickname/Preferred Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Sex: ☐ Male ☐ Female ☐ Other

Current School: _____

Teacher's Name: _____

Teacher's Email: _____

Primary Language: _____ Other Language(s): _____

Reason for Referral

Who initiated the referral for gifted evaluation?

☐ Parent/Guardian ☐ Teacher/School ☐ Other: _____

Please briefly describe why a gifted evaluation is being requested and any particular strengths, abilities, behaviors, or characteristics that have led you or your child's school to consider gifted programming:

_____

_____

_____

Family Information

Parent/Guardian 1: _____

Email: _____ Phone: _____

Parent/Guardian 2: _____

Email: _____ Phone: _____

Parents are:
☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other: _____

If applicable, please briefly describe the child's current living/custody arrangement:

Siblings:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Others living in the home, if applicable:

Developmental and Medical History

Were there any significant complications during pregnancy, delivery, infancy, or early childhood?

☐ No ☐ Yes — Please explain:

Were your child's early developmental milestones generally achieved within expected timeframes?

☐ Yes ☐ No — Please explain:

Does your child have any significant medical, neurological, developmental, or psychological history that may be relevant to the evaluation?

☐ No ☐ Yes — Please explain:

Is your child currently taking any medication?

☐ No ☐ Yes

Medication/Reason: _____

Has your child ever received speech/language therapy, occupational therapy, physical therapy, counseling, or other intervention?

☐ No ☐ Yes — Please describe:

Most recent hearing screening/evaluation:

Date: _____ Results: _____

Most recent vision screening/evaluation:

Date: _____ Results: _____

Does your child wear glasses or contact lenses?

☐ No ☐ Yes

Does your child have any fine-motor difficulties that could affect activities involving drawing, writing, or manipulating materials?

☐ No ☐ Yes — Please explain: _____

Educational History

Current School: _____ Grade: _____

Teacher: _____

Has your child attended any other schools that would be important for me to know about?

☐ No ☐ Yes — Please list:

How would you describe your child's current academic performance?

Has your child received any advanced, accelerated, gifted, enrichment, remedial, or other specialized educational services?

☐ No ☐ Yes — Please describe:

Has your child previously undergone any psychological, psychoeducational, gifted, developmental, speech/language, or other evaluation?

☐ No ☐ Yes

If yes, please provide the type of evaluation, approximate date, and results if known:

Social, Behavioral, and Learning Characteristics

How would you describe your child's relationships with peers and adults?

Please describe your child's interests, hobbies, and favorite activities:

Does your child have any significant difficulties with attention, impulsivity, anxiety, behavior, frustration tolerance, or adjusting to new situations?

☐ No ☐ Yes — Please explain:

Are there any other factors that you believe would be helpful for me to know before evaluating your child?

Whom may I thank for referring you? _____