Grants Pass School District

*Parent/Guardian Survey*

Name of student ________________________________________________ Age _______ Grade _____

Name of respondent ______________________________________Relationship to student ________

Thank you for taking the time to fill out this survey. All information on this form will be made available to the student’s teacher(s) in order to better plan for your TAG student’s needs. If you have extremely sensitive insights or concerns regarding your child, please share that in oral or written form with the principal and/or teacher. Those concerns will be kept in the student’s confidential file, stored in the school office. You may choose to not answer any of these questions, as the return of this survey is not required for TAG identification.

What are your child’s favorite subjects? ___________________________________________________
____________________________________________________________________________________

What are his/her interests, hobbies, and/or collections? ______________________________________________
____________________________________________________________________________________

What are some things that your child does well? ________________________________________________
____________________________________________________________________________________

What are some things that are difficult for your child? __________________________________________
____________________________________________________________________________________

On a scale of 1 (low) to 5 (high), how self-directed is your student? _____________________________

Are there any areas, including math and language arts, that you think might need to be more challenging and/or move at a faster rate?_________________________________________________
____________________________________________________________________________________

If s/he had the chance, what would your child like to learn about? ______________________________
____________________________________________________________________________________
Please describe your child as you see him/her (personality, attitudes toward home, school, friends)

____________________________________________________________________________________

____________________________________________________________________________________

What are some things you think are important for your child’s success in school? ________________

____________________________________________________________________________________

____________________________________________________________________________________

What do you expect of a school program for gifted and talented students? What would you like to see your student accomplish as a result of participating in a gifted and talented program? ________________

____________________________________________________________________________________

____________________________________________________________________________________