

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)

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What are some things your think are important for your child's success in school? \_\_\_\_\_

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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? \_\_\_\_\_

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