



James Busby High School

High Potential & Gifted Education

Submission by Parent or Caregiver for 2023

This form may either be completed by the student's parent or guardian based on their broad knowledge of their child's behaviour.

Student's name: Year:

Primary School:

Person completing the form: Relationship to student:

Please indicate how often you observe any of the following behaviours in your child.

Characteristic	Most of the time	Some of the time	Rarely
Intellectual:			
Recalls facts easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses himself/herself fluently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is always asking questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a sense of humour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has long attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an avid reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative:			
Finds unusual uses for objects/things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious and imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solves problems creatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social:			
Tends to lead/initiate activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixes with older children and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an independent learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is concerned about world issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical:			
Displays above average capability of physical activities relative to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates Self-disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learns through "hands on" activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interests and special achievements of student (e.g. sport, dance, drama, creative arts, leadership or civics)
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Please list any awards and / or certificates that your child has received.
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Please add any other information you feel may be relevant to your child's education.
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