

Katy Independent School District
Kindergarten Challenge Program
PARENT CHECKLIST

Student Name: Last		First		MI		Sex M F		Ethnicity	
Language Spoken at Home				Campus			School Year		
Parent Name			Primary Telephone #		Secondary Telephone #		Student Date of Birth		
Street Address:					E-mail address				
City		State TX	Zip	Student ID Number		Current Grade K	Teacher		

I give my permission for the district to collect additional information about my child. I also give permission for my child to be served in the GT program if he/she is identified for placement.

Parent/Guardian Signature	Date
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IMPORTANT: Return by published deadline.

Directions: Circle the number that best describes your child.



- 4 = My child demonstrates this trait most of the time.
- 3 = My child demonstrates this trait frequently.
- 2 = My child rarely demonstrates this trait.
- 1 = My child does not have this trait.

If you circle a "3" or "4", please give an example to explain your response.
Note: If no example is given, a "2" will automatically be given for that item.

My child . . .

1.	Questions friends and family on many different subjects.	1	2	3	4
2.	Creates original stories.	1	2	3	4
3.	Enjoys hearing stories and looking at books.	1	2	3	4
4.	Sticks to a task once it is begun.	1	2	3	4
5.	Solves daily problems in many different ways.	1	2	3	4
6.	Shows active interest in the world around him/her.	1	2	3	4

7.	Has interests of older children or adults in games and/or reading.	1	2	3	4
8.	Questions "how?" and "why?"	1	2	3	4
9.	Shows awareness of problems others may not recognize.	1	2	3	4
10.	Cooperates with other children.	1	2	3	4
11.	Plans and/or organizes when playing with others.	1	2	3	4
12.	Is mature beyond his/her years either physically, mentally, or emotionally.	1	2	3	4
13.	Chooses to try challenging/complex problems or projects.	1	2	3	4
14.	Reads books independently. (Please list titles of books.)	1	2	3	4
15.	Enjoys discovering about numbers.	1	2	3	4

16. What are your child's favorite TV programs? _____

17. Did your child attend preschool? _____ If so, which one? _____
For how long? _____

18. What other information about your child or your family would you like us to know? You may want to tell about an interest, talent or ability, or to share a special concern.

For office use only:								
1's		2's		3's		4's		
_____	+	_____	+	_____	+	_____	=	_____