

Indicators of Potential Creative Talent

Parent/Student Information Form

Student Name _____ Age _____ Grade _____

Student Address _____

City _____ State _____ Zip _____

Parent Name _____ Date _____

Phone (H) _____ (W) _____

Part A (To be completed by the parent or guardian)

We want to learn what your child is doing outside of school, and what types of creative activities or interests you have observed at home. Please check the number that you feel most closely represents how often you observe your child in the following activities:

1 2 3 4
seldom or never occasionally frequently almost always

My child demonstrates:	1	2	3	4
A sense of humor				
The ability to come up with unusual, unique, or clever responses				
An adventurous spirit or willingness to take risks				
The ability to generate a large number of ideas or solutions to problems or questions				
The ability to adapt, improve, or modify objects or ideas				
Intellectual playfulness, a willingness to fantasize and manipulate ideas				
Enjoys spending free time in creative pursuits				
Shows focused concentration when doing creative activities				
Is self-motivated to spend time and effort on creative activities				

Describe creative activities your son/daughter enjoys outside of school, including church or community groups, lessons, family activities, etc:

Please give a specific example for each statement that you rated a 4 above:

Part B (To be completed by the student)

Student Name _____ Age _____ Grade _____

Please check the responses below that apply to you:

- I am comfortable being different from other kids.
- I enjoy making up products or projects that are different or unusual.
- I like to create music, art, poetry, projects, and things.
- I like to experiment with and try new things.
- I think I am good at coming up with new, unique, or unusual ideas and products.
- I can think of many different ways to do something.
- I am currently involved in creative activities outside of school (theater, music, art, teams, writing, etc.).

What creative activities do you like?

Describe what you like best about the creative things you do.

Send completed form to:

Name: _____

Address: _____

For more information please call: _____