



**OXFORD AREA SCHOOL  
GATE Parent Nomination Form**

Child's name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**Nomination Details:**

Please circle the number for each item which best describes your child.

4 = always      3 = usually      2 = sometimes      1 = never

- Is an avid reader ..... 4 3 2 1
- Learns rapidly and easily.....4 3 2 1
- Recalls facts easily .....4 3 2 1
- Thinks quickly .....4 3 2 1
- Has a large vocabulary which is used easily and well .....4 3 2 1
- Asks many "why" questions .....4 3 2 1
- Does more academic work at home than is required .....4 3 2 1
- Likes to know how things work .....4 3 2 1
- Has a long concentration span .....4 3 2 1
- Is impulsive .....4 3 2 1
- Sets very high personal goals .....4 3 2 1
- Has a good memory .....4 3 2 1
- Has a high level of curiosity .....4 3 2 1
- Interested in things intended for older people .....4 3 2 1
- Is artistic (in any of the arts) .....4 3 2 1
- Follows complex instructions well .....4 3 2 1
- Enjoys complicated games and puzzles .....4 3 2 1
- Is independent and self sufficient .....4 3 2 1
- Has a well developed sense of humour .....4 3 2 1
- Has a wide range of interests .....4 3 2 1
- Shows initiative .....4 3 2 1
- Tends to dominate others if given the chance .....4 3 2 1
- Has a great interest in the environment and world .....4 3 2 1
- Very sensitive .....4 3 2 1
- Good physical co-ordination and body control .....4 3 2 1
- Needs little sleep .....4 3 2 1
- Becomes bored easily .....4 3 2 1
- Extremely meticulous .....4 3 2 1
- Impatient about getting ideas down - rushes work .....4 3 2 1
- Prefers not to play with peers of similar age .....4 3 2 1
- Daydreams yet still seems to know what is going on .....4 3 2 1
- Thinks outside the square .....4 3 2 1
- Asks unusual questions and gives unusual answers .....4 3 2 1
- Shows remarkable insight .....4 3 2 1

What books has your child enjoyed recently? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's major interests and hobbies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What extra activities is your child involved in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your child's favourite subject at school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child like to do in their free time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What problems (if any) is your child experiencing because of their high ability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other information do we need about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please feel free to add additional pages to this form)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Return this form to Oxford Area School, marked "attention SENCO"