GIFTED FEEDBACK FORM

Please take a minute to fill out any blank areas on this form so the EP meeting could go as smoothly as possible. Thank You!!

Student:

Teacher:

Course:

Please highlight the approximate grade the student has in your course?

A  B  C  D  F

How does the gifted student compare with their peers?

What are the students’ strengths?

How are his/her work habits? Highlight the following that apply.

Uses time wisely
Completes HW
Works well with peers
Follows instructions
Performs well on quizzes and tests
Participates in class

On a scale of 1 to 5 with 5 being the highest, please rate the student in the following areas:

Behavior  1  2  3  4  5
Energy    1  2  3  4  5
How others react to the student  1  2  3  4  5
Attention Span  1  2  3  4  5
Independence   1  2  3  4  5

Additional Comments: