

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

Follows instructions

Completes HW

Performs well on quizzes and tests

Works well with peers

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: