



PERMISSION AND RELEASE

Student's Name

My child, the above-named student, desires to voluntarily participate in the Saturday/Summer Academy at Vanderbilt for the Young (hereinafter SAVY). I expressly and voluntarily assume all risks of this activity on behalf of my child. I recognize that this activity may expose my child to some level of risk of injury. Notwithstanding these risks, I assume them by allowing my child to voluntarily participate in SAVY.

Further, I hereby:

- agree that students will be participating in a non-residential day program on the campus of Vanderbilt University (hereinafter VU). As a participant, the student will be supervised by VU staff. Students may also have access to on-campus recreational facilities and activities;
- understand that the activities for the sessions vary but may include the following: classroom instruction, lab experiments, organized recreational and athletic games, free time to play during a break/lunch/classroom instruction, and board games. These activities are assumed upon enrollment and participation in SAVY is at the risk and request of the student;
- agree that students are charged with knowing and abiding by SAVY policies as described in SAVY publications or as articulated by SAVY faculty/staff. Students who fail to follow SAVY policies may be asked to leave the program. If a student is asked to leave, his or her parent or legal guardian will be contacted. The parent or legal guardian must make immediate arrangements to remove the student from campus at the parent or legal guardian's expense. Students who are asked to leave will not receive a refund of tuition or other fees;
- understand that during SAVY, students may participate in on-campus or other field trips within walking distance of VU facilities. Students will be accompanied by SAVY staff, VU staff, or hired designees during trips;
- agree that Vanderbilt is not liable for lost, stolen or damaged personal articles. Vanderbilt is also not liable for any consequences of the student's actions including injury to persons and property, and I accept responsibility for reimbursement either to the injured party or to Vanderbilt for any damages sustained by them due to my child's actions;
- agree that, to the best of my knowledge, the information furnished by or on behalf of the student in connection with the student's participation in SAVY is correct and complete;
- give permission for the student to view movies that are rated G and PG, as well as in-class films and clips deemed to be of educational value, while participating in SAVY.
- agree that SAVY has the right to alter arrangements concerning the location, content, and instructor of the program if it deems such action is advisable;
- agree that SAVY has the right to cancel or shorten a session day in the event of inclement weather and understand that SAVY is unable to offer refunds for weather cancellations or schedule alterations and/or if students are unable to attend the make up dates, if applicable; for more information regarding the inclement weather policy, please visit our website at <http://pty.vanderbilt.edu>.
- agree that if the student should suffer an injury or illness while participating in SAVY or any other activity associated with SAVY, I authorize the employees of VU to use their discretion to have my child treated at or transported to the nearest medical facility and I take full responsibility for that action;
- agree to be responsible for any losses (including reasonable attorneys' fees and court costs) resulting from my child's damage, vandalism, littering, or theft of VU property, property of a University community member or campus visitor, or any other property used during SAVY. Furthermore, I agree to indemnify Vanderbilt for any loss or damage to the premises, facilities, or equipment during SAVY.
- understand VU personnel adhere to Tennessee state law on mandatory child abuse reporting to either the appropriate law enforcement agency or the state hotline operated by the Department of Children's Service. In addition to external reporting, Vanderbilt has a mandatory internal child abuse reporting procedure. If a staff member has reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, they are to consult the program director, and Risk Management (615-936-0660), or report via the Vanderbilt compliance

hotline at 866-783-2287. The Tennessee Child Abuse reporting hotline number is 877-237-0004.

- agree, in consideration of Vanderbilt allowing my child to participate in SAVY, to hold harmless and indemnify Vanderbilt and its trustees, agents, officers, servants, and employees against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind or nature that may hereafter at any time be made or brought by my child by me or anyone on my behalf, or by any other person having a legal interest therein arising from or by reason of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by my child, in consequence of any accident or injuries on the premises of Vanderbilt or in connection with the activity, except such liability or claim of liability as may result from gross or intentional negligence on the part of Vanderbilt. Said indemnification shall include, but not be limited to, court costs and attorneys' fees.

I (the undersigned parent/legal guardian) understand and agree to the preceding terms regarding the student's participation in SAVY. I further agree to abide by the rules and policies of this program. I certify that the student is capable of participating in SAVY, and I grant permission for the student to participate in all planned activities.

READ BEFORE SIGNING:

By providing my signature, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the Release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from the participation in this activity by me or my child. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

**The policies outlined in this document apply to SAVY program participation between 8/1/2018 and 8/1/2019.

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian's Printed Name

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT OF A MINOR

This form authorizes Vanderbilt University (Vanderbilt) to seek medical treatment for your child in the unlikely event of a serious illness or injury during your child’s participation in Saturday/Summer Academy at Vanderbilt for the Young (SAVY). Please read it carefully.

I, parent/legal guardian of,

Student’s Printed Name

Student’s Date of Birth

an unemancipated minor, who is a participant in SAVY, do hereby consent to diagnosis, treatment or medical care which is deemed advisable by and is to be rendered under the general supervision of any physician or surgeon on the medical staff of the Vanderbilt University Medical Center, Vanderbilt University Children’s Hospital or other licensed medical care providers. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical care being required and is to serve as specific consent to any and all such diagnoses, treatment, or medical care which may be deemed advisable.

In addition, I consent to allow the physicians and staff involved in any such treatment to share medical findings and information regarding this student with SAVY staff. I also authorize SAVY staff to share information provided about my child with medical personnel for treatment. I further authorize Vanderbilt/SAVY staff to provide basic, topical first aid for physical ailments including but not limited to scraped knees or insect bites. Ingestible medicine may be provided either with prior parent permission or request or in an emergency situation as deemed appropriate by medical personnel.

I also understand that SAVY does not staff medical professionals. SAVY is not responsible for overseeing student medical needs including medicine administration.

I further understand that I am solely responsible for paying all costs associated with any medical care or health documentation needed for participation in, during, and after SAVY.

In consideration of Vanderbilt allowing my child to participate in SAVY and agreeing to intervene on my behalf to provide or make arrangements to provide medical assistance to my child as needed, I agree to release and indemnify Vanderbilt, its Trustees, officers, employees, and agents from all liability and responsibility for any claims, demands, actions, or other proceedings for any personal injury, accident damage, expenses, or other loss caused, suffered, or incurred by my child or any other person or entity arising out of my child’s participation in SAVY.

By signing below, I acknowledge that I am the parent or legal guardian of the above-named minor and hereby appoint SAVY, Vanderbilt to act on my behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for said minor in my absence and I authorize SAVY, Vanderbilt to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide the necessary medical treatment/care to the above named minor. It is understood that this authorization and consent is given in advance of any such medical treatment, but is given to provide authority and power on the part of the SAVY, Vanderbilt to exercise of its best judgment upon the advice of any such medical or emergency personnel. I understand that the authorization and consent herein granted are valid only during the SAVY program participation period between August 1, 2018 and August 1, 2019.

Parent/Legal Guardian’s Signature

Date

Parent/Legal Guardian’s Printed Name

MEDIA AND DATA RELEASE

This form gives us permission to take a photo of your student and post it to Facebook/Instagram, etc., print it in a future catalog, or release it to a newspaper. We obscure any identifying material. Signing is optional.

Student's Name

This release is a standard media release used by Vanderbilt University (hereinafter VU) for any person participating in an on-campus program or activity where university staff or designees may take photos and/or record video of the participants. Saturday/Summer Academy at Vanderbilt for the Young staff often take photos of students, faculty, assistants, and other staff throughout each session for use in the slideshow, future Programs for Talented Youth (hereinafter PTY) catalogs, on our website or in other media as outlined below. By signing this release, you agree to allow your student to appear in such photos as well as any class, activity, and session photos.

- I authorize VU faculty, staff, the VU Media and Public Relations staff, other VU personnel and third party entities such as newspapers and television stations to make photographs or videos of me and or my child to exhibit, publish, televise, or otherwise show said photographs or videos for educational and related purposes and to permit others to do the same. I understand that there is a possibility that I (or my child) may be identifiable in these photographs or videos.
- I further authorize VU to make and publish photographs, videos, or written/audio accounts of me (or my child) in newspapers, magazines, other publications, television, motion pictures, Internet, or other media, which will be circulated to the general public for marketing, business, or any other purpose, or to provide access to members of the public media to do the same. I understand that there is a possibility that I (or my child) may be identifiable in these photographs, videos, or written/audio accounts.
- I release any and all rights or claims for payment or royalties in connection with any exhibition, televising, or other showing of these motion pictures, videotapes, or photographs, regardless of whether such exhibition, televising, or other showing is under philanthropic, commercial, or private sponsorship, and regardless of whether a fee of admission or film rental is charged. Often media outlets require that filmed participants names be published. I give permission for my name or my child's name to be given to the media.
- I further agree to allow VU to collect and evaluate student data such as surveys, opinions, and coursework for research/evaluative purposes. This information may be published. Students will not be identified by name in research papers and such data will be used to further understanding of teaching, learning, and gifted education.
- I understand that I may refuse to sign this authorization, and that my refusal to sign will not affect my (or my child's) ability to participate in this activity. I understand that this authorization may be revoked in writing at any time, except to the extent that action already taken in reliance of this authorization.
- I understand that the information released may be subject to re-disclosure by some recipients and may no longer be protected by federal and state privacy rules related to health or other information.
- I understand that VU cannot protect me/my child from being photographed, videoed or potentially identified or named on social media sites, by others, including students or their families.
- I understand that authorization for use at the individual's request will not expire.
- I agree to release, hold harmless and indemnify Vanderbilt University and its representatives against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind that may at any time hereafter be made or brought by my child, by me or anyone on my behalf, or by any other person having a legal interest therein arising from or by reason of any and all known or unknown, foreseen and unforeseen uses.

READ BEFORE SIGNING:

By signing below, I acknowledge that I am 18 years of age or older. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims as defined by the listed agreements. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

Parent/Legal Guardian's Signature

(Date)

Parent/Legal Guardian's Printed Name

STUDENT CONTACT INFORMATION

THE FOLLOWING FORMS MUST BE COMPLETED IN ORDER FOR YOUR STUDENT TO ATTEND SAVY. All information provided on this form is strictly confidential and will be treated as such by VU staff. We request this information for the health and safety of each student in the program.

Student's Name: _____

Date of Birth: _____ **Grade:** _____ **Gender:** _____

Primary Contact

**Usually a parent/guardian, the primary contact is the first person we try to reach regarding the student. We attempt to get in touch with the secondary contact if the primary contact is not available.*

Name Phone Email

Secondary Contact

Name Phone Email

Emergency Contact 1†

† In case of an emergency, please list individuals we can contact should the primary and secondary contacts not be available (e.g. family friend, relative, etc.). The emergency contacts should be different from the primary and secondary contacts.

Name Phone Relationship

Emergency Contact 2

Name Phone Relationship

Authorized Pickup Information

Please list all the individuals who are allowed to pick up the student. However, we assume primary/secondary and emergency contacts listed above are permitted to pick up the student. For all others, include name, phone number, and relationship to you/the student. Individuals picking up students should be prepared to show photo ID.

Legal Alert

List all information, such as legal custody, restraining orders, or other legal agreements that impact your child's safety while attending SAVY.

ALLERGY INFORMATION

Please review the following items. Check the line and provide explanations where applicable.

1. Does this student any food allergies? Yes No

If yes, please list and explain foods or ingredients that cause negative reactions.

Does the food allergy cause anaphylaxis or other immediate reactions? Yes No

If yes, describe the reaction and what is done to manage.

2. Is this student allergic to any medications or medication ingredients (OTC or prescription)? Yes No

If yes, please list and explain medications or ingredients that cause negative reactions.

Does the medication allergy cause anaphylaxis or other immediate reactions? Yes No

If yes, describe the reaction and what is done to manage.

3. Does the student have other significant allergies not already managed or disclosed? Yes No

If yes, please list and explain the other allergies that cause negative reactions.

Does the allergy cause anaphylaxis or other immediate reactions? Yes No

If yes, describe the reaction and what is done to manage.

General Health

Student's Physician _____ Office Phone _____

Does the student have any health concerns (e.g. asthma, nose bleed, etc.) that would impact his/her full participation in the program?

- Yes
- No

If yes, check all that apply to your student:

- Asthma
- Heart Issues
- Nose Bleeds
- Other _____
- Diabetes
- Seizures
- Fainting Spells

Has your child been diagnosed with any dual diagnoses or specific learning, psychological, or behavioral issues that could affect their SAVY learning experience? These might include but are not limited to the following: ADHD, autism spectrum, ODD, anxiety, dyslexia etc. ___Yes ___No

If yes, please list any or all that apply and explain any strategies that may be helpful for their success in SAVY:

Do any of the listed conditions above require attention while your child is at SAVY? If yes, explain. If no, please leave the following lines blank.

Please list and explain any other condition that may require special care, diet, or restriction of activities for medical reasons.

Yes No Are there any disabilities or health concerns that would prevent your child from participating in SAVY without reasonable accommodations?

If yes, explain briefly and also call Vanderbilt Programs for Talented Youth main office at 615-322-8261 as soon as possible to discuss reasonable accommodations:

Vanderbilt Programs for Talented Youth partners with Vanderbilt's Student Access Services. Together we can facilitate the submission and processing and determination of your request for a reasonable accommodation.

Reasonable accommodations, consistent with the requirements of the Americans with Disabilities Act may be requested to support participation of children with disabilities at SAVY. Reasonable accommodations are often possible for children with disabilities who wish to participate, so long as the accommodations do not fundamentally alter the nature of the program, cause undue hardship or otherwise cause a direct threat to the health or safety of others.

Reasonable accommodation determinations are made on a case by case basis and such requests should be made or as soon as possible after acceptance into SAVY to allow sufficient time for consideration and implementation. It can take up to a month for determinations to be made. Delaying the submission of a request for reasonable accommodation may reduce or limit SAVY's ability to implement the accommodation.

Student's Physician: _____

Office Phone: _____

Parent/Guardian Signature

Date

MEDICATION AUTHORIZATION:

SELF-CARRY AND SELF-ADMINISTRATION OF RESCUE, PRESCRIPTION, AND NONPRESCRIPTION MEDICINE

SAVY staff members will not administer or assist in the administration of any medications, except student provided rescue medications, such as epinephrine devices, in emergency situations. Also note that SAVY does not employ professional medical personnel.

If possible, SAVY students should take medications prior to or after the program. The self-carry and self-administration of any prescription medication during SAVY requires the written authorization of a licensed health care provider and the student's parent/legal guardian. The self-administration of any nonprescription medication during SAVY also requires written authorization from a parent/legal guardian.

Participant Name _____ Date of Birth ____/____/____
Last First Middle

Address _____

Please check all applicable boxes.

Yes, my child will be carrying prescription medication, nonprescription medication, and/or a rescue medication (inhaler, epinephrine device, etc.) during SAVY. Please mark the applicable box(es) below and indicate the specific type(s) of medication that your child will carry. Follow the instructions for each applicable box checked.

My child will be carrying a rescue medication(s).

Please list the specific name(s) of the rescue medications that your child will be carrying to SAVY:

- _____
- _____
- _____

Please ask your health care provider to complete the Health Care Provider Statement for the rescue medication(s) listed above. As the parent, please complete the Parent Authorization and Release document.

My child will be taking a prescription medication(s) (that is not a rescue medication) during SAVY.

Please list the specific name(s) of the prescription medication(s) that your child will be carrying to SAVY:

- _____
- _____
- _____

Please ask your health care provider to complete the Health Care Provider Statement for the prescription/rescue medication(s) to be carried and administered by the student. As the parent/guardian, please complete the Parent Authorization and Release document.

My child may need to take a nonprescription medication(s) during SAVY.

Please list the specific name(s) of the nonprescription medications that your child will or might be carrying to SAVY:

- _____
- _____
- _____

As a parent/legal guardian, please fill out the Non-Prescription Medication Parent/Guardian and the Parent Authorization and Release document.

No, my child does not need to take any medication (prescription or non prescription) or carry any rescue medications during SAVY.

All prescription medications, including medications for conditions such as food, drug, or insect allergies; diabetes; asthma; or epilepsy may be brought to SAVY under the condition that the student can self-manage care and delivery of medication. Prescription medication must be in its original container labeled with the minor's name, medication name, dosage, and time/frequency of administration. Likewise, nonprescription over-the-counter medication must be in its original packaging and kept in a clearly marked and sealed bag with the student's name. Rescue medications are expected to be administered by the child except in the rare instances when the child is unable to administer the medications independently and needs assistance.

Parent/Guardian Signature

Date

PRESCRIPTION MEDICATION AND RESCUE MEDICATION HEALTH CARE PROVIDER STATEMENT

Please Note: This form needs to be completed by a health care provider to indicate all prescription and/or rescue medication listed on the Medication Authorization form that might be taken while the student is at SAVY. All Health Care Provider Statements must be completed by a physician with the authority to initiate prescriptions. All medications are carried by the student (except as needed for special storage requirements such as refrigeration) and the student will self-administer the intended dose at the required time.

Participant Name _____ Date of Birth ____/____/____
Last First Middle Initial

Medication Name	Dosage & Frequency	Condition/Symptom	Specific Directions	Expected Side Effects
<i>Example: Prilosec</i>	<i>20mg 1x per day</i>	<i>Heartburn/GERD</i>	<i>Taken before eating</i>	<i>Fever, cold symptoms, headache</i>

Medication shall be administered from _____ to _____ (list dates)

Special storage requirements: _____

Is the participant capable of self-managed care outside of emergency situations (e.g. anaphylaxis, diabetic shock)? Self-managed care means that the student will report to their instructor or teaching assistant without reminder, at the correct time, to take the medication without assistance. This also includes knowledge about not sharing medication with others or leaving medication unattended and in the reach of other students.

Yes By checking yes you are affirming that the child can self-administer the medication listed on this form except in emergency situations with rescue medications.

No If no, explain why and what is needed:

I hereby affirm that the Student has been instructed in the proper self-administration of the above-described medication or I have explained if the student is unable to self-manage care. I understand that a SAVY staff member may follow up with the prescriber or parent/guardian to determine next steps or ask questions if needed.

Prescriber's Signature _____

Prescriber's Printed Name _____ **Date:** _____

NONPRESCRIPTION MEDICATION PARENT/GUARDIAN STATEMENT

Please Note: This form must indicate the specifics of each nonprescription medication listed on the Medication Authorization form. Students will keep all medicines on their person.

Participant Name _____ Date of Birth ____/____/____
Last First Middle

Medication Name	Dosage	Condition/Symptom	Specific Directions	Frequency of Administration	Expected Side Effects
<i>Example: Aspirin</i>	<i>400mg</i>	<i>Headaches</i>	<i>With food</i>	<i>As needed</i>	<i>Nausea if not taken with food</i>

Is the participant capable of self-managed care outside of emergency situations (e.g. anaphylaxis, diabetic shock)? Self-managed care means that the student will report to their teaching assistant or instructor without reminder, at the correct time, to take the medication without assistance. This also includes knowledge about not sharing medication with others or leaving medication unattended and in the reach of other students.

- Yes By checking yes you are affirming that the child can self-administer the medication listed on this form.
- No If no, explain why and what is needed:

I hereby affirm that the Student has been instructed in the proper self-administration of the above-described medication or I have explained if the student is unable to self-manage care. I understand that a SAVY staff member may follow up with the parent/guardian to determine next steps or ask questions if needed.

Parent/Guardian Signature

Date

PARENT AUTHORIZATION AND RELEASE
(TO BE COMPLETED IF YOUR CHILD WILL HAVE PRESCRIPTION, NONPRESCRIPTION, OR RESCUE MEDICATIONS AT SAVY)

Participant Name _____ Date of Birth ____/____/____
Last First Middle

I hereby authorize and recommend my above-named child to self-carry and self-administer all medications outlined in the Medical Authorization form and detailed in either the Health Care Provider Statement or Nonprescription Medication Parent/Guardian Statement of the welcome paperwork. I acknowledge that it is my responsibility to contact PTY with an updated Health Care Provider Statement and/or Nonprescription Medication Parent/Guardian Statement if my child's medication needs change.

I affirm that my child can self-manage care for all prescription, non-prescription, and rescue medication, unless otherwise indicated on the Health Care Provider Statement or the Nonprescription Medication Parent/Guardian Statement. Self-managed care means that the student will report to the teaching assistant or instructor without reminder, at the correct time, to take the all medications, with the exception of rescue medications, without assistance. This also includes knowledge about not sharing medication with others or leaving medication unattended and in the reach of other students. I also affirm that my child has been instructed in the proper self-administration of all prescription and rescue medications by his/her health care provider. I acknowledge that it may be necessary in certain emergency situations that my child's rescue medication be administered by an individual on staff other than medical personnel and specifically consent to such practices.

I further acknowledge and agree that Vanderbilt University (Vanderbilt), its trustees, officers, employees and agents shall not be held liable for any illness or injury resulting from my child's possession and/or administration of the above described medication while participating in programs through Vanderbilt Programs for Talented Youth. I shall indemnify and hold harmless Vanderbilt, its trustees, officers, employees and agents from and against all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof arising out of, incurred or resulting from the possession and/or self-administration of the above-described medication by my child.

**The policies outlined in this document apply to program participation between 8/1/2018 and 8/1/2019.

Parent/Legal Guardian's Signature: _____

Parent/Legal Guardian's Printed Name: _____

Date: _____

INSURANCE INFORMATION

Parents/Guardians are financially responsible for healthcare costs. All students must have health insurance during their time at SAVY.

Insurance Carrier or Plan Name: _____

Carrier Phone Number: _____

Policy Holder's ID Number: _____

Group Number: _____

Name of insured: _____

Relationship to Student: _____

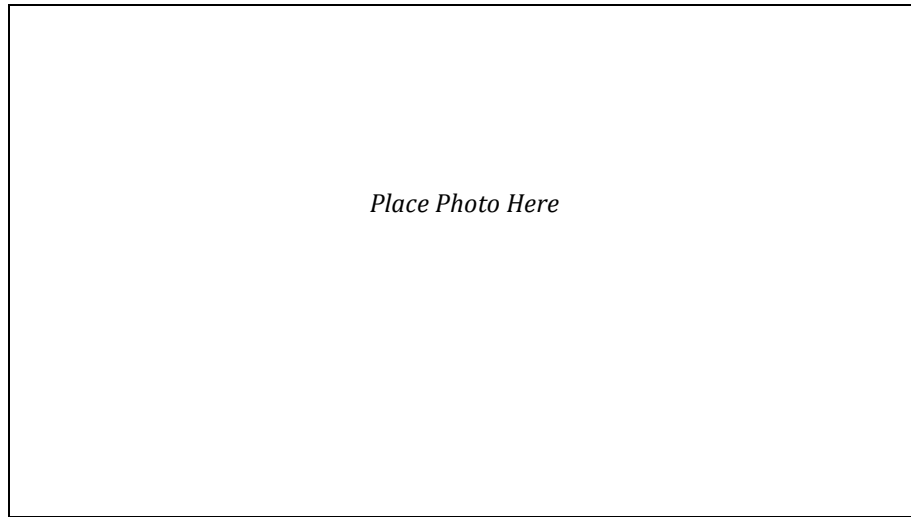
Attach a copy of your current insurance card

Front of Insurance Card

Back of Insurance Card

STUDENT PHOTO

Please attach a recent headshot of your student. This photo will **only** be seen by PTY staff to help us learn names and to identify students quickly should the need arise.



I affirm that all information given is complete and accurate. I also agree that my child will not attend SAVY if he/she has not been fever-free without the aid of medication, free of flu-like symptoms or free of other contagious infections (e.g., pink eye) for the past 24 hours prior to SAVY or longer (as the physician recommends)

Parent/Legal Guardian's Signature

Date

Vanderbilt University does not discriminate on the basis of race, sex, sexual orientation, gender identity, gender expression, religion, color, national or ethnic origin, age, disability, military service, or genetic information in employment, education, and all other programs and activities.

PARENT SURVEY: CHECKLIST OF MY CHILD'S STRENGTHS

Parents, knowing information about your child's learning preferences, strengths, and areas needed for growth helps our instructors and staff modify the curriculum. Please select "Yes" to any items that usually or often apply to your child.

Child's Name: _____

Please check any items that *usually* or *often* apply to your child.

- Is very aware of physical surroundings
- Asks questions about abstract ideas like love, world peace, relationships, or justice
- Moves around a lot--is very active, sometimes seems hyperactive
- Has long attention span for activities that interest her/him
- Reacts intensely to noise, light, taste, smells, or touch
- Is very emotional (e.g. cries, angers, or excites easily)
- Is extremely curious--asks "Why?", "How?", "What if?"
- Becomes so involved in a subject or content area that he/she is not aware of anything else – is "lost in own world"
- Has vivid imagination and may have trouble separating real from unreal
- Is extremely creative--uses materials in unusual ways, makes up elaborate stories, sees many possible answers/solutions
- Spends free time drawing, painting, writing, sculpting, or singing
- Likes to play with words, uses advanced sentence structure and vocabulary
- Is eager to try new things
- Can concentrate on two or three activities at once
- Has a strong sense of self-control
- Has spontaneous and/or advanced sense of humor, understands jokes and puns of older students and adults

What additional information would you like your child's SAVY teacher to know so that he/she may best meet your child's learning needs?

Adapted from: Teaching Young Gifted Children in the Regular Classroom: Identifying, Nurturing, and Challenging Ages 4-9

STUDENT SURVEY: ALL ABOUT ME

Parents, you are encouraged to sit down with your student and complete the following questions together.

Name: _____

What is your favorite subject or activity in school?

What is your least favorite subject or activity in school?

What hobbies do you have?

What kind of books do you like to read?

What do you like to do when you have free time at home?

Please circle the answer for each question that best describes you:

I work best:

a. by myself

b. with a partner

c. with a group of classmates

I understand something better after I:

a. try it out

b. think it through

c. talk about it with someone

I remember best:

a. when I write it down

b. when I hear it

c. when I see it

Please circle "Agree" or "Disagree" to the following questions:

I am shy before I get to know people.

Agree

Disagree

I will ask for help when I don't understand something.

Agree

Disagree

I get frustrated easily.

Agree

Disagree

I am eager to try new things.

Agree

Disagree

I can concentrate on two or three activities at one time.

Agree

Disagree

Please feel free to add any other information about yourself that you would like your SAVY teacher to know.
