

Mockingbird ISD

[Insert District Information Here]

**General Teacher Survey**

**G/T Services Evaluation**

Please complete the following information by marking the appropriate box for each question. Return this form to your principal as soon as possible.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | **No** | **N/A** |
| 1. I know the district’s criteria for selecting gifted students. |  |  |  |
| 2. I have referred one or more students to receive G/T services. |  |  |  |
| 3. I feel confident in my student referrals for gifted services. |  |  |  |
| 4. I have had the opportunity to conference with the G/T teachers in regard to how identified students are enriched and challenged. |  |  |  |
| 5. More information is needed on recognizing and meeting the needs of gifted children. |  |  |  |
| 6. I can explain to parents or other members of the community the G/T services on my campus. |  |  |  |
| 7. I have observed gifted students sharing their products and performances. |  |  |  |
| 8. I understand the importance of differentiation in the regular classroom to meet the needs of gifted students. |  |  |  |
| 9. I provide the opportunity for eager students to share knowledge learned from activities with gifted services. |  |  |  |
| 10. My expectations change for the child who has been identified as being gifted. |  |  |  |
| 11. Information on gifted services is made available to all parents. |  |  |  |
| 12. Gifted services are viewed as an elitist program by other parents or the staff. |  |  |  |
| 13. Gifted services blend in with the overall mission of our campus. |  |  |  |

Please add any additional comments on ways we can improve our gifted services: