



Roeper Consultation Service

Consultation Services for the Gifted Child

office address: **2089 Tapscott Avenue, El Cerrito, CA 94530**

phone: **(510) 235-3173** fax: **(510) 236-3407**

e-mail: **roeperoffice@earthlink.net**

web site: **www.roeperconsultation.com**

IMPORTANT: Please return by fax, mail or e-mail **before first appointment.**
Please use additional sheets for the questions on page 2.

Reason for Consultation	
(check all that apply):	
Evaluation for Giftedness _____	Educational Planning _____
Parenting _____	Other _____

Today's Date _____

Child's Name _____ Age _____ Birthdate _____

Siblings and ages _____

Camps, lessons, classes or special programs attended _____

Schools Attended _____

Parents' status: Married _____ Divorced _____ Single _____ Widowed _____ Other _____

Parent's Name _____

Address _____

City, State, ZIP _____

Phone (Home) _____ (Work) _____

Email Address _____

Parent's Profession _____

Parent's Name _____

Address _____

City, State, ZIP _____

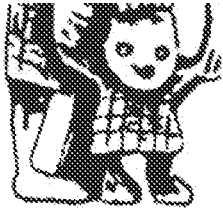
Phone (Home) _____ (Work) _____

Email Address _____

Parent's Profession _____

Would you like to be on our mailing list? Yes _____ No _____

continued on reverse . . .



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Please use a separate sheet of paper to elaborate on the questions we have outlined below. This is a place for you to describe your feelings about your child, and your observations. We would like you to take as much space as you need, the more we know about your family the better.

Tell us the story of your child's life. Please point out the areas of significance to you and your family, and any particular concerns you have. We would like to hear about your child's developmental milestones, specific interests, and abilities: both creative and cognitive. Describe any special concerns (family, school, social), your family history (include any information about relatives exhibiting giftedness). Tell us about the relationships your child has with siblings, and both parents. Explain your hopes for your child.