

LILYDALE HIGH SCHOOL

Melba Avenue, Lilydale 3140

Telephone: 9735-5644

Facsimile: 9735-3552

Email: lilydale.hs@edumail.vic.gov.au

Website: www.lilydalehs.vic.edu.au



SELECT ENTRY ACCELERATED LEARNING PROGRAM

PARENT QUESTIONNAIRE

Name of Student: _____ Age: _____

School: _____

Please complete this questionnaire and forward to Lilydale High School together with the application form, student response and application fee.

SECTION A

Please circle a number for each item which best describes your child.

5 Has this trait to a high degree	2 Has this trait less than the typical child
4 Has this trait more than the typical child	1 Lacks this trait
3 Compares with the typical child	

1.	Has the ability to master a new skill with ease	5	4	3	2	1
2.	Has quick & accurate recall of skills & information	5	4	3	2	1
3.	Has a good sense of humour	5	4	3	2	1
4.	Is an avid reader	5	4	3	2	1
5.	Is resourceful & creative	5	4	3	2	1
6.	Asks reasons why – questions almost everything	5	4	3	2	1
7.	Puts unrelated ideas together in new and different ways	5	4	3	2	1
8.	Has well developed word knowledge & language skills for their age	5	4	3	2	1
9.	Often seeks out & enjoys company of older children & adults	5	4	3	2	1
10.	Seeks his/her own answers and solutions to problems	5	4	3	2	1
11.	Has a wide range of interests	5	4	3	2	1
12.	Has a strong sense of 'right'/social justice	5	4	3	2	1
13.	Follows complex directions	5	4	3	2	1
14.	Uses unusual or imaginative ways of doing things	5	4	3	2	1
15.	Is bored easily & becomes frustrated quickly if not challenged	5	4	3	2	1

SECTION B

1. In what outside activities does your child participate?

2. What are your child's special interests or hobbies?

SECTION B cont.

3. What recent books has he/she read and enjoyed?

4. Please comment, where appropriate, on any of the following:

- Your child's
- unusual accomplishments, present or past
 - special talents
 - special opportunities he/she has had
 - relationships with others
 - preferred activities when alone
 - expression of boredom
 - special problems and needs

5. Please give brief reasons why you think your child would benefit from the Acceleration Program
