

Student Gift Assessment

Child's Name _____

Current Age _____ Grade _____

Educational Strengths _____

Favorite School Subjects _____

Main Extracurricular Interests _____

Spiritual fruit I have seen in my child's life _____

Possible Gifts I've Noticed _____

Character Strengths _____

Character Weaknesses _____

He/She is Really Good At _____

Service Experiences _____

Job/Work Experiences _____