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Request for Review for Gifted Education

PART ONE

School Name: _____

Student Name: _____

Teacher's Name: _____

Grade: _____

Birthdate: _____

Parent's Name: _____

Parent Phone Number: _____

Parent email: _____

Date of Request: _____

Parent Signature (if parent request): _____

Teacher Signature (if teacher request): _____

PART TWO

Fairfield Public Schools will initiate the following process:

- Request for Review Form is received
- Gifted Resource Teacher begins student coordinates data collection
- Parent completes the Fairfield Parent Questionnaire
- Parent completes the Parent Inventory for Finding Potential
- District Request for Review Committee reviews all requests and makes determination of gifted eligibility
- Parent will be notified in writing of the determination by January.

***This request is due to your school by November 21, 2019