

**Fairfield Public Schools**  
Parent Questionnaire for Gifted Identification

<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>School</b>	
<b>Grade</b>	
<b>Teacher's Name</b>	

Please **make a copy** of this document before completing your responses. After making a copy, fill in the necessary information, save the document as a PDF, and email it to the designated gifted education teacher at your child's school.

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*Please respond to the prompts below to help us get to know your child better. Include specific examples whenever possible.*

1. Describe how your child's needs are not being met during daily instruction in the classroom. Please be specific.
2. Describe your child's attitude toward learning.
3. Describe your child's attitude toward school.
4. Describe how your child engages socially.
5. Describe how your child engages in play, special interests, or hobbies.

6. Provide additional information about your child's curiosity, or intellectual, creative, motivational, leadership, and/or learning characteristics.

Completed by:

Date: