Fairfield Public Schools

Parent Questionnaire for Gifted Identification

Child's Name: _____ Date of Birth: _____
School: _____ Grade: _____
Teacher Name: _____

Directions: Please answer the questions below to help us get to know your child better. Include specific examples whenever possible.

1. What is your child's attitude toward learning and school?

2. What does your child like to do when he/she plays?

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

4. What special talents or aptitude does your child demonstrate?

5. What is your child's attention span like?

Completed by: _____ Date: _____

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