

**HOLLAND HILL SCHOOL**  
**105 Meadowcroft Road**

Fairfield, Connecticut 06824  
**(203) 255-8314 - FAX (203) 255-8202**

Laura Cretella, Principal

Rita Ioanna, Secretary

**Request for Review for 3-5 Gifted Education**

**PART ONE**

Student Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Parent Signature (if parent request): \_\_\_\_\_

Teacher Signature (if teacher request): \_\_\_\_\_

**PART TWO**

To determine whether testing is appropriate for the student, Fairfield Public Schools will initiate the following process:

- Request for Review Form is received
- Parent completes the Parent Inventory for Finding Potential
- Classroom Teacher completes Teacher Inventory of Learning Strengths
- Gifted Resource Teacher begins student portfolio data collection
- Gifted Resource Teacher conducts classroom observations