Fairfield Public Schools

Parent Questionnaire for Gifted Identification

Child's Name:School: Teacher Name:		Date of Birth:		
		Grade:		
ıc	acher Name.			
	irections: Please answer the questions below to clude specific examples whenever possible.	help us get to know your child better.		
1.	What is your child's attitude toward learning a	and school?		
2.	What does your child like to do when he/she	plays?		
3.	What are your child's special interests or hobl	bies?		
	·			
4.	What special talents or aptitude does your chi	ld demonstrate?		
5.	What is your child's attention span like?			
Со	ompleted by:	Date:		

adership and learning characteristics.					