

*Michael Cummings*

Director of  
Elementary Education



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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
- Parent completes the Fairfield Parent Questionnaire (found on school website)
- Parent completes the Parent Inventory for Finding Potential (found on school website)
- Classroom Teacher completes Teacher Inventory of Learning Strengths
- Gifted Resource Teacher begins student portfolio data collection
- Gifted Resource Teacher gathers more information through classroom observations and/or student interview
- District Committee reviews all requests and makes determination of gifted eligibility
- Parent will be notified in writing of the determination at the end of January

\*\*\*This request is due to your school by Friday, January 13th.