

Fairfield Public Schools

Parent Questionnaire for Gifted Identification

Child's Name: _____

Date of Birth: _____

School: _____

Grade: _____

Teacher's 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 (include special interests/hobbies)?

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

Completed by: _____ Date: _____

