

Fairfield Public Schools

Parent Questionnaire for Gifted Identification

Child's Name: _____

Date of Birth: _____

School: _____

Grade: _____

Teacher Name: _____

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

1. Describe your child's attitude toward learning.

2. Describe your child's attitude toward school.

3. Describe how your child engages socially.

4. Describe how your child engages in play, special interests, or hobbies.

5. Describe how your child's needs are not being met within daily instruction of the classroom. Please be specific.

