

Michael Rafferty

Interim Director of
Elementary Education



Fairfield Public Schools
P.O. Box 320189
501 Kings Highway East
Fairfield, Connecticut 06825
(203) 255-8372 FAX (203) 255-8273

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 by June 2015 of the determination

***This request is due to your school by May 8, 2015.