

Fairfax County Public Schools
Parent/Guardian Questionnaire
OPTIONAL for AAP Referral

Student Name _____ Current School _____ School Year _____ Grade _____

Please print clearly or type; responses may be pasted onto form. Questionnaire may not be edited or retyped and responses must fit on this form. Five pages of *additional* information may be submitted according to the published guidelines.

Check the appropriate box: **occasionally, frequently, or consistently.**

Give an **example for each.**

occasionally

frequently

consistently

My child surprises me with their knowledge.

My child comes up with imaginative and/or unusual ways of doing things.

My child is intellectually curious and asks thoughtful questions.

My child finds humor in situations or events unusual for their age.

My child can focus on a particular topic for an unusually long period of time.

Does your child have a special need that you want to communicate to the committee?

NO

YES

If YES, please explain (such as learning disability). Additional information may also be submitted as part of the five pages.

Parent/Guardian Signature

Date