

Fairfax County Public Schools  
**Parent/Guardian Questionnaire**  
**OPTIONAL**

Student \_\_\_\_\_ School Currently Attending \_\_\_\_\_ School Year \_\_\_\_\_ Grade Level \_\_\_\_\_

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 guidelines. Fillable forms are available at [www.fcps.edu/is/aap/forms.shtml](http://www.fcps.edu/is/aap/forms.shtml).

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

Give an **example for each.**

occasionally	frequently	consistently
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My child surprises me with his/her knowledge.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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My child comes up with imaginative and/or unusual ways of doing things.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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My child is intellectually curious and asks thoughtful questions.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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My child finds humor in situations or events unusual for his/her age.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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My child can focus on a particular topic for an unusually long period of time.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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