



Williamsburg-James City County Public Schools
School Board & Central Office
P.O. Box 8783 • Williamsburg, VA 23187
Phone: (757) 603-6400 | wjccschools.org

Gifted Referral Parent Questionnaire

Parent and Family Information:

Today's Date: _____

Student Name: _____ Birthdate: ___/___/___ Age: _____

Address: _____ Phone: _____ (h)

_____ Phone: _____ (c)

Parent/Guardian: _____ Grade: _____

General Information:

1. Please describe any areas or topics in which your child shows deep interest and self-directed learning. Some examples are math, writing, athletics, geography, etc. _____

2. Please describe any special talents or skills that your child has. _____

3. Please describe any camps, classes, or clubs that your child has participated in or still participates in (for example, Scouts, Church groups, Enrichment camps, sports camps, etc.). _____

4. Please describe any hobbies or special collections that your child has. _____

5. Please list any academic awards and/or leadership positions that your child has received or is involved in.

6. Please describe anything else you would like us to know about your child. _____
