



Teacher Recommendation

Summer 2019 • All Programs

Student's full name _____

► Gender: ___m ___f ► Circle grade *entering* fall 2019: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Name of current (2018/19) school and district _____

Location (city) of school _____

Is student in your school's advanced programming? ___Yes ___No ___Not offered at this school or grade level

Do you recommend this student for enrollment in our program(s)? ___Yes ___No ___See comments below
(To review our eligibility requirements, please see the pdf of that name on our website at www.centerforgifted.org.)

Please rank: (circle)	exceptional	above average	average	below average
General work	4	3	2	1
Commitment	4	3	2	1
Creativity	4	3	2	1
Motivation	4	3	2	1

Standardized Achievement Testing:	
Name of test	_____
Date administered	_____
Scores:	
Reading	_____ Language
Math	_____ Science
Total battery	_____ Other
(Scores are <i>not</i> required of students who have not been tested.)	

Optional: Comments/observations of student (special talents, achievements, behavioral pros or cons, etc.):

Teacher signature _____ Date _____

Teacher contact info (phone and/or email): _____

Mail, fax, or email to: The Center for Gifted, Box 364, Wilmette, IL 60091 • Fax 847-901-0179 • info@centerforgifted.org (Phone: 847-901-0173)
•The information provided on this form is confidential and will be shared only with faculty and staff of our summer 2019 programs as needed •

The Center for Gifted and Midwest Torrance Center for Creativity • A Northern Illinois University Partner
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