

**K   1   2   3   4   5   6**

Student's full name \_\_\_\_\_

Name & city of school \_\_\_\_\_

Circle student's fall 2009 grade level \_\_\_\_\_

Is student in your school's gifted program?

\_\_\_\_\_ yes    \_\_\_\_\_ no    \_\_\_\_\_ don't have one

Would you recommend this student for our program(s)?

\_\_\_\_\_ yes    \_\_\_\_\_ no    \_\_\_\_\_ see comments

Comments (special talents, abilities, achievements, etc.) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional pages if desired. Return to: The Center for Gifted, Box 364, Wilmette, IL 60091 (847-901-0173)

**Standardized Achievement Testing:**

Name of test: \_\_\_\_\_ Date administered \_\_\_\_\_

**Scores:**

Total Reading \_\_\_\_\_ Total Language \_\_\_\_\_ Total Math \_\_\_\_\_

Total Science \_\_\_\_\_ Total Battery \_\_\_\_\_ Other \_\_\_\_\_

*Scores are not required of students who have not been tested.*

Please rank:                      exceptional                      above avg.                      average                      below avg.

work in general                      4                      3                      2                      1

commitment to task                      4                      3                      2                      1

creativity                      4                      3                      2                      1

motivation                      4                      3                      2                      1

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_