

Summer, 2010

Please check program(s) to which student is applying:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Burr Ridge | <input type="checkbox"/> Glenview |
| <input type="checkbox"/> Chicago/Lakeview | <input type="checkbox"/> Gurnee |
| <input type="checkbox"/> Chicago/Beverly | <input type="checkbox"/> Naperville |
| <input type="checkbox"/> Elgin | <input type="checkbox"/> Oak Forest |
| <input type="checkbox"/> Elmhurst | <input type="checkbox"/> St. Charles |

Teacher Recommendation Form (required for new students)

Worlds of Wisdom and Wonder

PK K 1 2 3 4 5 6 7 8

Student's full name _____

Name & city of school _____

Circle student's grade level for Fall, 2010

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 _____