

Teacher Recommendation Form (required for new students)

PK K 1 2 3 4 5 6

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 _____