

Student's Name _____ School Name and City _____

Circle student's 2007/2008 grade level K 1 2 3 4 5 6

Is student in your school's gifted program? ___ yes ___ no ___ don't have one

Would you recommend this student for our program? ___ yes ___ no ___ see comments below

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

Standardized Achievement Tests: Name of test: _____ Date administered: _____

Scores: Total Reading _____ Total Language _____ Total Math _____ Total Science _____
 Total Battery _____ Other _____

Special talents, abilities, achievements; comments on multiple intelligences, etc. (feel free to use more paper)

Teacher signature _____ Date _____

• Mail to: Joan Franklin Smutny, Director • The Center for Gifted • Box 364 • Wilmette, IL 60091 • (847-901-0173) •

