

The Center for Gifted - A Northern Illinois University Partner

Teacher Recommendation - Worlds of Wisdom and Wonder - Winter/Spring 2011

Student's full name _____

Name & city of school _____

Current 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

Please rank: exceptional above avg. avg. below avg.

general work 4 3 2 1

commitment 4 3 2 1

creativity 4 3 2 1

motivation 4 3 2 1

Teacher's signature _____

Date _____

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

Standardized Achievement Testing:

Name of test: _____

Date administered: _____

Scores:

Reading _____ Language _____

Math _____ Science _____

Total Battery _____ Other _____

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