

Teacher Recommendation (rev 6/1/20)

(May be completed by parent(s) if teachers are not available.)

Summer 2020 • All Programs

Student's full	I name			,		
►Gender: _	mf	►Circle grade	e entering fall 2	2020: PK K	1 2 3 4 5 6 7 8 9 10 11	12
Name of curi	rent (2019/20)	school and d	istrict			
Location (city	y) of school					
Is student in	your school's	advanced pro	ogramming?	YesNo	Not offered at this school or grade I	evel
					YesNoSee comments ur website at www.centerforgifted.org.)	below
Please rank: (circle)	exceptional	above average	average	below average	Standardized Achievement Testing: (Scores ar required of students who have not been test	
General work	4	3	2	1	Name of test Date administered	
Commitment	4	3	2	1	Scores:	
Creativity	4	3	2	1	Reading Language	
Motivation	4	3	2	1	MathScience Total batteryOther	
Optional: Co	mments/obsei	rvations of stu	ident (e.g., spe	cial talents, ac	chievements, behavioral pros/cons):	
					Date	2020

Mail, fax, or email to: The Center for Gifted, Box 364, Wilmette, IL 60091 • Fax 847-901-0179 • info@centerforgifted.org (Phone: 847-901-0173) • The information provided on this form is confidential and will be shared only with faculty and staff of our summer 2019 programs as needed •