SPRING 2015 – STUDENT RECOMMENDATION FORM

SECTION I

To be completed by parent/guardian. Please fill in the following information and give this form to two individuals whom you have chosen to write on your behalf.

Name of Student Applicant (First/Last):

Grade Level (Spring 2015):

SECTION II

To be completed by recommender. The recommender should complete this form and send it directly to the Gifted and Talented Program in a sealed envelope.

The Montclair State University Gifted and Talented Program provides students with a rigorous and challenging program during weekends in the fall and spring and a three-week, day camp in the summer. The above named student is an applicant for admission to the Gifted and Talented Program and has given your name as a reference.

The information you are providing concerning this applicant is considered an important part of the application process. We appreciate your evaluation of this student’s potential and performance to determine whether placement in this selective program is appropriate. Thank you in advance for your thoughtful consideration of this student.

Name of Recommender (First/Last):

Phone Number: ____________________________

Job Title: ____________________________

Relationship to Student: ____________________________

School Name: ____________________________

School Address: ____________________________

Number of years acquainted with student: □ 0-1 yr □ 1-2 yrs □ 2-3 yrs □ 3-4 yrs □ 5+

If you are a teacher, what subject area do you teach the potential G & T student? ____________________________
Name of Student Applicant
(First/Last): ____________________________________________

<table>
<thead>
<tr>
<th>How would you rank this student in the following categories:</th>
<th>Very superior</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual curiosity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrated academic ability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Academic potential</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Problem-solving ability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Study &amp; organizational skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Verbal reasoning ability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mathematical reasoning ability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please characterize the level at which the student is currently working in the subject area in which you teach him/her.

☐ at grade level  ☐ 1 grade above  ☐ 2+ grades above  ☐ do not know

Rank the student’s likelihood of succeeding in our program:

☐ very likely  ☐ likely  ☐ somewhat  ☐ unlikely  ☐ very unlikely

If additional comments are deemed necessary, please use the space below or attach comments to this form.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

___________________________________________                    _________________________
Signature of Recommender                                                                     Date

After completing this form, please place it in an envelope and mail directly to the Gifted and Talented Program, Montclair State University, 1 Normal Ave, Montclair, NJ 07043.