



Academy for Gifted and Talented Recommendation Form

Student Name: _____ Student ID: _____
Last First M.I. 10 digit state ID

Current Elementary School: _____

I am requesting a recommendation from: (mark with an 'x') ___ Gifted Teacher ___ Math Teacher ___ ELA Teacher

Name of Teacher: _____

Subject Taught by Teacher Named Above: _____

Dear Teacher:

Your recommendation is an important consideration in the decision process of the screening committee for acceptance into the Academy for Gifted and Talented. Please place an 'x' in the number column that best corresponds to your choice based on the provided scales.

5	4	3	2	1	N/A
One of the best students of my career	Top 10% of my students	Excellent	Good	Fair	Not observed

ACADEMIC SKILLS

	5	4	3	2	1	N/A
1. Displays strong study skills						
2. Demonstrates higher-order thinking skills (e.g., synthesis, analysis, evaluation)						
3. Communicates well in both written and oral form						
4. Demonstrates strong mathematical skills						
5. Demonstrates strong reading skills; is a prolific reader						
6. Seeks assistance when needed (e.g., asking questions, requesting tutoring)						
7. Demonstrates perseverance in work and learning						

3	2	1	N/A
Exhibits this trait to an exceptional degree	Exhibits this trait consistently	Exhibits this trait rarely	Not observed

APPROACH TO LEARNING

	3	2	1	N/A
1. Meets deadlines				
2. Is punctual and prepared for class				
3. Is a self-starter and shows initiative				
4. Is highly motivated with a positive attitude about learning				
5. Works well in group settings				
6. Shows responsibility, dependability, honesty, and self-discipline				
7. Shows respect for teachers, staff, and peers				
8. Demonstrates effective problem-solving skills				
9. Shows a high level of maturity (compared to peers)				



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Place an 'x' next to the statement below that best describes your recommendation for the student named above.

I recommend this student for acceptance into the Academy for Gifted and Talented at Williams P-8.

With reservations, I recommend this student for acceptance into the Academy for Gifted and Talented at Williams P-8.

I **DO NOT** recommend this student for acceptance into the Academy for Gifted and Talented at Williams P-8.

Additional Comments:

Teacher Signature: _____ Date: _____

****DO NOT RETURN THIS RECOMMENDATION TO THE STUDENT****

RETURN TO THE MAGNET PROGRAMS DEPARTMENT BY ONE OF THE FOLLOWING METHODS:

MAIL: Magnet Programs Department • 200 White Street • Huntsville, AL 35801

EMAIL: magnet@hsv-k12.org

QUESTIONS? CALL 256-428-6864