

STUDENT RECOMMENDATION FORM

Center for Gifted Education, SEP

P.O. Box 8795

Williamsburg, VA 23187 – 8795

Telephone: 757-221-2166 Email: sep@wm.edu

Parent/Guardian: Please email this form to your child’s principal, guidance counselor, gifted program coordinator, or teacher. **Principal, guidance counselor, gifted program coordinator, or teacher:** Please complete the form and email it to the Center for Gifted Education at SEP@wm.edu. Should you have any questions, please call 757-221-2166.

Applicant:

Last

First

Grade

Recommender: _____
Last
First

School: _____ Position: _____ Phone: _____

Address: _____
Street
City
State
Zip Code

1. Number of years acquainted with student: _____
2. What is your relationship to the applicant? _____
3. Indicate the level at which the student is currently working:
 at grade level 1 grade above 2+ grades above Don't know
4. Indicate the student's likelihood of success in a high-ability enrichment program:

very likely

likely

somewhat likely

unlikely

very unlikely

	Very Superior	Superior	Above Average	Average	Below Average
Intellectual curiosity	[]	[]	[]	[]	[]
Demonstrated academic ability	[]	[]	[]	[]	[]
Academic potential	[]	[]	[]	[]	[]
Problem-solving ability	[]	[]	[]	[]	[]
Study and organizational skills	[]	[]	[]	[]	[]
Verbal reasoning ability	[]	[]	[]	[]	[]
Mathematical reasoning ability	[]	[]	[]	[]	[]

Comments: _____

Recommender's Signature:

Date (mm/dd/yyyy):