

Date Received: _____

Gary Community School Corporation
HIGH ABILITY SERVICES

**Teacher Recommendation Form For Students Entering
Banneker Achievement Center (Grades 1-5) 2018-2019 School Year**

Section I: To be completed by Staff/Parent (Please Print)

Student Name: _____ Birth Date: _____ Student #: _____

Parents Name: _____ Phone #: _____ Cell #: _____

E-mail # _____

Address _____ Apt. # _____ Zip Code _____ Gender _____

Grade Current Year: _____ Grade Next School Year _____ Today's Date: _____

Current School: _____ Teacher: _____

Section II: To be completed by Staff ~ Please complete sections (Front/Back) by checking appropriate column.

LEARNING/MOTIVATIONAL CHARACTERISTICS

This student:	Agree	Disagree
1. desires to excel	_____	_____
2. masters skills quickly and achieves well in most subjects	_____	_____
3. is able to follow complex instructions	_____	_____
4. needs little external motivation to follow through on assignments	_____	_____
5. has a superior memory; is able to recall facts/information	_____	_____
6. reveals a wide range of interest through reading and is reading one or more years above grade level	_____	_____
7. has superior ability to think logically and critically (shows depth of comprehension, discovers the essentials of a problem, sees the relationships, reaches a solution)	_____	_____
8. has a long attention span and the ability to concentrate for an extended length of time	_____	_____
9. likes to organize and bring structure to things, situations	_____	_____
10. is not easily discouraged; is persistent and carries tasks to completion	_____	_____
11. is a keen and alert observer; usually "sees more" or "gets more" from activities than others	_____	_____
12. prefers to work independently; requires little direction from teachers	_____	_____
TOTAL RESPONSES - SECTION II	_____	_____

Section III:

CREATIVITY/LEADERSHIP CHARACTERISTICS

This student:	Agree	Disagree
1. generates a large number of ideas or solutions to problems and questions; offers unique and clever responses	_____	_____
2. assumes leadership responsibilities, carries responsibility well	_____	_____
3. contributes willingly to purposeful discussion	_____	_____
4. displays a keen sense of humor and is quick to respond to a humorous situation	_____	_____
5. shows a high degree of self-confidence in ability/judgment and relationships	_____	_____
6. expresses thoughts and needs clearly and concisely; has good verbal skills	_____	_____

- 7. demonstrates creativity and implements ideas _____
- 8. is a risk taker; is adventurous and speculative _____
- 9. is cooperative with teacher and classmates; is easy to get along with _____
- 10. adapts readily to new situations; is flexible in thought and action _____
- 11. displays a great deal of curiosity about many things; is constantly asking questions _____

TOTAL RESPONSES – SECTION III

Section IV: TEACHER RECOMMENDATION – Each Teacher Should Check ONE

This student is recommended:

SCIENCE TEACHER

____ Without reservation ____ With reservations ____ No
 Science Teacher’s Signature _____ Date _____

LANGUAGE ARTS TEACHER

____ Without reservation ____ With reservations ____ No
 Language Arts Teacher’s Signature _____ Date _____

MATHEMATICS TEACHER

____ Without reservation ____ With reservations ____ No
 Mathematics Teacher’s Signature _____ Date _____

Section V: Important - Check Yes or No to the following items –

- 1. This student has a report of psychological examination on file: ____ Yes ____ No
- 2. Are there any special needs we should address in planning this child’s individual Educational Program?
 ____ Yes ____ No If yes, please indicate the special needs on a separate sheet of paper.

The student’s primary language is: _____

Is this student a limited English Proficient Student? ____ Yes ____ No

Is this student presently participating in a Bilingual Program? ____ Yes ____ No

Section VI: NOTE: This section MUST be completed and signed by the Principal

- 1. ____ Student is recommended for High Ability Services.
- 2. ____ Student is not recommended for High Ability Services.

 Principal’s Signature

 Date

Upon final review of the student’s records and your recommendation for placement, please send this form along with copies of student test/academic records to Ms. G. Harper, Office of the CAO - 1988 Polk Street 46407 881-5410– Do not send duplicates.

FOR HIGH ABILITY OFFICE USE ONLY

CHARACTERISTICS		CTBS/ISTEP	IOWA/SAT	TEACHER REC.
Agree	Disagree	'16 '17 '18	2017/2018	SCIENCE ____
A. ____	____	R.C. ____	R.C./Verbal ____	L. ARTS ____
B. ____	____	M.C/A ____	M.C/A ____	MATH ____
C. ____	____			

Resource: The Scales for Rating the Behavioral Characteristics of Superior Students (SCRBS) – Renzulli, Smith, White, Callahan and Hartman (1997 Revised Edition)

Date Response Mailed:

*Gary Community School Corporation
High Ability Services*

IDENTIFICATION/SELECTION PROCEDURES

BANNEKER ACHIEVEMENT CENTER

In order for applications to be processed, it is imperative that parents submit the following documents:

1. Home School Recommendation Form (Grades 1-5)

****To be completed by Language Arts, Science and Mathematics teachers**

****Must be signed by building principal**

2. Please have attached

(Students currently in grades K – 3)

****Copies of ALL previous test scores and/or report cards**

(Students currently in grade 4)

****Copies of test scores and/or report cards (current and previous years)**

Note: the review committee may require other documentation and/or interviews

All information should be submitted to the **High Ability Office or Chief Academic Officer in order for applications to be processed by A.S.A.P.**

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

We appreciate your interest in the High Ability & AP Programs. If you have any questions, please contact our office at 881-5401 or email transom@garycsc.k12.in.us.