

Date Received:

Gary Community School Corporation  
HIGH ABILITY SERVICES

Teacher Recommendation Form For Students Entering  
Middle or High School (Grades 6-12) 2018-2019 School Year

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

Student Name \_\_\_\_\_ Student # \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip Code \_\_\_\_\_ Gender \_\_\_\_\_  
Grade \_\_\_\_\_ Grade \_\_\_\_\_  
Telephone # \_\_\_\_\_ SCHOOL YEAR 17-18 \_\_\_\_\_ SCHOOL YEAR 18-19 \_\_\_\_\_ Birth date \_\_\_\_\_  
Parent/Guardian (Print) \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Parent's Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
School \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

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 acts on ideas; creates high quality projects \_\_\_\_\_
8. is an academic 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 curiosity about many things; is constantly asking questions \_\_\_\_\_

**TOTAL RESPONSES – SECTION III** \_\_\_\_\_

What special talents or skills does this student demonstrate? Please give specific examples of support.

\_\_\_\_\_

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**Section IV: TEACHER RECOMMENDATION** – Each Teacher Should Check **ONE**. This student is recommended:

**SCIENCE TEACHER** signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Without reservation \_\_\_\_\_ With reservations \_\_\_\_\_ No

**LANGUAGE ARTS TEACHER** signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Without reservation \_\_\_\_\_ With reservations \_\_\_\_\_ No

**MATHEMATICS TEACHER** signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Without reservation \_\_\_\_\_ With reservations \_\_\_\_\_ No

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**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.**

Is English the primary language? \_\_\_\_\_

If no, what is the student’s primary language? \_\_\_\_\_

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

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

1. \_\_\_\_\_ Student **is** recommended for the High Ability Services.
2. \_\_\_\_\_ Student **is not** recommended for the 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 (219)881-5410***

**FOR HIGH ABILITY OFFICE USE ONLY**

CHARACTERISTICS		NWE/ISTEP			IOWA/PSAT	TEACHER REC.
Agree	Disagree	'15	'16	'17	2016/2017	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 (SCRBSS) – Renzulli, Smith, White, Callahan and Hartman (1997 Revised Edition)*

**Gary Community School Corporation  
 High Ability Programs**

## ***IDENTIFICATION/SELECTION PROCEDURES***

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

**1. Home School Recommendation Form (Grades 6-11)**

*A copy of the form should be filled out by:*

English Teacher

Science Teacher

Mathematics Teacher

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

**2. Please have attached**

\*\*Copies of test scores (current school year and previous 2 years)

\*\*Copies of report cards (current school year and previous 2 years)

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

All information should be submitted to Chief Academic Officer (CAO) 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 Services. If you have any questions, please contact our office at 881-5401 or email [transom@garycsc.k12.in.us](mailto:transom@garycsc.k12.in.us).