

Date Received:

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Gary Community School Corporation
HIGH ABILITY PROGRAMS

Teacher Recommendation Form For Students Entering
Middle School or High School (2019/2020 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 18-19 _____ SCHOOL YEAR 19-20 _____ Birth date _____

Parent/Guardian (Print) _____

Parent's Cell Phone _____ Parent's _____

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 a great deal of 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.

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

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 a limited English Proficient Student? ___

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 the High Ability Program.
- 2. ___ Student **is not** recommended for the High Ability Program.

 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. Dorothy Trice or Ms. Terri Ransom, West Side Leadership Academy 900 Gerry Gary, IN 46406.

FOR HIGH ABILITY OFFICE USE ONLY

CHARACTERISTICS		NWE/ISTEP			IOWA/PSAT	TEACHER REC.
Agree	Disagree	'16	'17	'18	2017/2018	SCIENCE ___
A. ___	___	R.C.	___	___	___	L. ARTS ___
B. ___	___	M.C/A	___	___	___	MATH ___
C. ___	___					

*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)

The following forms must be completed by the teachers listed below:

ALL FORMS MUST BE SIGNED BY THE BUILDING PRINCIPAL

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

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

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 the Federal Programs Office or High Ability Office in order for applications to be processed **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 dtrice@garycsc.k12.in.us (219) 881-5402 or transom@garycsc.k12.in.us (219) 886-6400 ext. 48335.