

The student named below is a candidate for admission to the Laurel Springs Academy for the Gifted and Talented. Your recommendation is an important part of our evaluation of this student. Your comments will be held in confidence.

Applicant's Name: _____ Grade: _____

Your Name: _____

Position/Title: _____

Name of School: _____

Address of School: _____

Email Address: _____

How long have you known the applicant, and in what capacity? _____

How well do you feel you know him/her? Very well Fairly well Not very well

Academic Qualities

Please describe the course in which you have this student, including the title(s) or the text(s) you are using.

What grade is the student presently earning in your class? _____

Assessment

Compared to all students this age that you have taught, please rate this student in the following areas:

School Administrator Assessment	Out-standing	Very Good	Good	Average	Below Average	Poor
Reading Ability						
Writing Ability, if known						
Mathematical Ability, if known						
Reasoning Ability						
Study Habits						
Enthusiasm						
Achievement						

Overall Rating _____ Top 1% Top 10% Top 25% Top half Bottom Half

Additional comments regarding the qualities of the applicant: _____

Personal Qualities _____

In your opinion, what three words best describe the applicant? _____

Gifted students have specific characteristics in common. Below are some of those characteristics. Compared to all students this age with whom you have worked, please rate this student in the following areas:

School Administrator Assessment	Extremely True	Very True	Somewhat True	Not Applicable
Demonstrates Integrity				
Is self-disciplined				
Enjoys intellectual and creative tasks				
Is an independent and creative thinker				
Has strong opinions and clear world view				
High ability in abstract thinking				
Acquires basic skills rapidly				
Generates many ideas and multiple solutions				
Creates and invents beyond knowledge				
Has high expectations of self and others				
Has independent study skills				
Expresses himself fluently, clearly, forcefully				

Please return this form to the Laurel Springs Academy, P.O. Box 1440, Ojai, CA 93024

Signature of School Administrator _____ Date _____

I would like to receive information on the Laurel Springs Academy for the Gifted and Talented