

SIG Program 2011

Dear SIG Applicant:

Thank you for your interest in the Summer Institute for the Gifted. The following recommendation form may be used toward admittance into a 2011 SIG program if no local gifted program exists in your community and/or you are unable to submit appropriate test scores from standardized tests or talent searches. If your school does have a gifted program, then the teacher should forward documentation of your participation to SIG and no further recommendation is required.

For Residential & Commuter Program Applicants: Two recommendation forms are required to be completed. Have one of the forms completed by a teacher who knows your academic achievements and the other completed by a school administrator or counselor who is also familiar with your work.

For Day Program Applicants: Two recommendation forms are also required to be completed by a teacher, administrator or, for students ages 6-8, a parent may complete one of the forms.

If your school system will not provide a recommendation, we will also accept those written by private instructors including tutors, music or art instructors, or other individuals familiar with your accomplishments.

The person providing the recommendation should complete the form and return it directly to the address listed at the bottom. He or she should not send it back to you. Also be sure to provide these individuals with a copy of our catalog so that they can gain a better understanding of the type of program to which you are applying.

When we have received **both** of the recommendation forms, we will review your entire application and notify you of your status.

Please contact us if you have any questions.

Sincerely,

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Barbara Swicord, Ed. D. President & CEO, Summer Institute for the Gifted Executive Director, National Society for the Gifted and Talented

The Summer Institute for the Gifted is a program of the National Society for the Gifted and Talented (<u>www.nsgt.org</u>), a not-for-profit 501(c)(3) organization.



2011 Student Recommendation Form

SIG provides gifted, talented and high potential students with an exciting and challenging three-week academic, social, cultural, and recreational experience. Letters of recommendation are accepted towards admittance in cases where no local gifted program exists. We appreciate your evaluation of this student's potential and performance to determine whether placement in this selective program is appropriate. Thank you in advance for your thoughtful consideration of this student.

Γo be completed by the Parent or Guardian:						
Student's Name:						
(Last)	(First)	(Middle)				
Applying for the SIG session at: _	(Campus Location)	Age at Program Start:(2011)				
To be completed by the Teacher or Administrator:						
Recommender's Name:		(First)				
ob Title:	Relationship to	Student:				
School Name & Address:						
How long have you been familiar with the student's work?						

What are the first three words that come to mind to describe this student?

What words best describe the student's thinking process?

I Imitative Independent Creative Other:
What are the student's strengths?

River Plaza | 9 West Broad Street | Stamford, CT 06902-3788 | toll free (866) 303-4744 | fax (203) 399-5455 | www.giftedstudy.org *Summer Institute For the Gifted is the program of the National Society for The Gifted and Talented*," a not-for-profit 501(c)(3) foundation.



Does this student have any particular interests or affinities you would like to share with us?

Please $\sqrt{1}$ appropriate box	Below	Average	Good	Excellent	Outstanding
	Average				
Academic Performance					
Academic Potential					
Written Skills					
Verbal Skills					
Mathematical Skills					
Communication Skills					
Leadership					
Task Commitment					
Maturity					
Character					
Study/Organizational/Time					
Management Skills					
Intellectual Curiosity					
Creativity					
Critical/Analytical Thinking					
Problem-Solving Ability					
Native Intellectual Ability					
Potential for Intellectual					
Growth					
Performance in any arts					
area – Creative,					
Dramatic, Visual					
Overall Probability of					
Success at SIG					

Please indicate the level at which the student is currently working in most of the areas listed above:

At Grade Level

1 Grade Above

2 or More Grades Above

Unable to Evaluate

Please write briefly about this student, indicating both strengths and weaknesses and highlighting any specific outstanding contributions this student has made to the school or community (if you require more space, please use the back of this form).

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