Ohio County Schools Gifted and Talented Program
Teacher Recommendation Form

General Intellectual Ability

Student Name: _____ School: _____

Teacher Name:_____Grade: _____ Date: _____

Indications: (Check all that apply)
National normed intelligence (IQ) test scores:
Test name _____ Date _____ Score _____%-ile
Test name _____ Date _____ Score _____%-ile
Grades in most subject areas: (specify grade and subject) _____
Grade/Subject: _____ Grade/subject: _____

Anecdotal: Please attach your comments on student:

❑ Level of performance

❑ Special strengths and weaknesses or needs caused by giftedness

❑ Ability to work independently and focus responsibly on academic tasks.

❑ Attach pieces of the student's work to substantiate intellectual giftedness.

❑ Provide additional information that you believe is relevant.

Please check the characteristics that accurately describe the TYPICAL behavior of the student.

❑ knows the answers	❑ asks questions	❑ is highly curious
❑ is attentive	❑ has good ideas	❑ has wild, silly ideas
❑ plays around, yet tests well	❑ answers the questions	❑ top group
❑ discusses in detail, elaborates	❑ enjoys peers	❑ beyond the group
❑ shows strong feelings and opinions	❑ learns with ease	❑ already knows
❑ 6-8 repetitions for mastery	❑ understands ideas	❑ is intense
❑ constructs abstractions	❑ prefers adults	❑ grasps the meaning
❑ completes assignments	❑ draws inferences	❑ initiates projects
❑ is receptive	❑ copies accurately	❑ creates own design
❑ enjoys school	❑ absorbs information	❑ technician
❑ manipulates information	❑ good memorizer	❑ good guesser
❑ works hard	❑ listens with interest	❑ is interested
❑ is mentally and physically involved	❑ 1-2 repetitions for mastery	❑ enjoys learning
❑ is keenly observant	❑ inventor	❑ is highly self-critical
❑ is mentally and physically involved	❑ thrives on complexity	❑ is alert
❑ enjoys straightforward, sequential presentation	❑ is pleased with own learning	