

SLUFY TEACHER RECOMMENDATION (please detach and give to your child's teacher.)

Student's First Name _____ Last Name _____ Grade Level: _____

Teacher Information (Please complete all sections and fax to 501-569-3438)

Teacher's Name _____ Position _____

School _____ District _____

Phone (w) _____ (c) _____ E-mail _____

Student Characteristics

Does the student currently participate in Gifted and Talented classes at your school? ☐ Yes ☐ No ☐ Not offered

Please rate the degree to which each characteristic describes the student: 5= very, 4= highly, 3= moderately, 2= slightly, 1= very slightly

	5	4	3	2	1		5	4	3	2	1
Is able to succeed in an advanced course						Uses creative written expression					
Is highly interested in the area of a course offered at SLUFY						Uses creative oral expression					
Scores at or above the 80th % on an achievement test						Uses creative artistic expression					
Has scored at or above 120 on an intelligence test						Asks provocative questions					
Has been accepted to a school gifted program						Possesses a sense of humor					
Is teacher-recommended for a program for high ability students						Is open-minded					
Is able to analyze, synthesize, and evaluate						Is a risk taker					
Is able to generate many alternatives						Is a keen observer					
Possesses unusual curiosity						Uses common sense					
Is receptive to new tasks or experiences						Has a strong desire to learn					

To assist in the screening process, please provide any additional information you believe will assist us and attach it to the recommendation. Additional information may also be provided by e-mailing the SLUFY team at giftedcenter@ualr.edu.

Would you like to be contacted regarding this application? ☐ Yes ☐ No ☐ If necessary

Required Documentation

Documentation of high academic ability is required for participation. Please consider this as our written request for documentation, which may be faxed to (501) 569-3438 if district policy prohibits its release to parents. Note: New documentation must be submitted each year.

☐ Documentation of high academic ability:

- ☐ Photocopy of standardized test (ITBS or similar) scores from the previous school year
- ☐ Photocopy of school/district GT profile (if student participates in a GT program)
- ☐ Photocopy of extraordinary school work (may substitute for the above documentation only if student is in kindergarten or if student is home schooled and in grades K-2)

Teacher Statement

I attest that the information included on this form and in this application package is accurate. I have reviewed student's selected courses, and I confirm that the student possesses interest and/or strength in that area.

Teacher's Signature _____ Date _____