



Summer Academy

Recommendation

(please print or type)

INSTRUCTIONS FOR STUDENT APPLICANT:

Two (2) separate recommendation forms must be completed and returned with your application. Recommendations may be completed by two academic teachers or one teacher and another adult with whom you interact regularly and who knows your academic status and character (i.e. school counselor, principal, etc.)

You will need to check one of the boxes below and sign this form before you give it to the person completing the recommendation. This signature is a requirement of the Family Education Rights and Privacy Act.

I waive any right of access that I might have to this recommendation form

I do not waive any right of access that I might have to this recommendation form

Student's Name: _____
Last First M.I.

Student's Signature Date

INSTRUCTIONS FOR PERSON COMPLETING RECOMMENDATION:

The student named above is applying for admission to the Gifted & Talented Scholars Summer Academy at the University of Arkansas. The Gifted & Talented Scholars Summer Academy offers an intensive three-week residential experience for rising 9th and 10th grade students with exceptional academic ability. This advanced and educationally dynamic learning environment is designed to develop the intelligence and imaginations of intellectually gifted students.

Your recommendation should include distinguishing intellectual and personal traits as well as special talents of the applicant. Statements will be kept confidential and made available only to those officers directly concerned with admission to the SI program. Your honest and thoughtful appraisal of the applicant's readiness for this accelerated academic program will be appreciated. Many students, though intellectually superior, have not yet reached the level of social maturity necessary to handle an early introduction to the problems and opportunities associated with the Summer Academy, including demanding academic courses and residence hall life. Please be candid in your opinions. No candidate is eliminated on the basis of a single negative rating; supporting evidence is always obtained from other sources.

Please seal the recommendation in an envelope labeled with the student's name and return to the applicant for inclusion with the completed application.

Name of individual completing this recommendation: _____

Title: _____ Institution/Organization: _____

Address: _____

Phone: _____ Email: _____

Recommender's Signature Date

Knowledge of the Applicant:

You are the applicant's: teacher counselor principal other _____

How long have you known the student? _____

Recommendation Form (continued)

Please evaluate the student applicant according to your personal observation using the following scale:

- 0 = Uncertain/not able to observe
- 1 = Consistently performs below expectations
- 2 = Occasionally performs below expectations

- 3 = Meets expectations
- 4 = Occasionally exceeds expectations
- 5 = Consistently exceeds expectations

	0	1	2	3	4	5
Academic performance						
Level of preparation for class						
Motivation						
Work ethic						
Attitude toward assignments						
Accuracy with assignments						
Ability to follow through						
Verbal communication skills						
Ability to work with others						
Character						
Good judgment/ Makes appropriate decisions						
Consistency						
Maturity						
Leadership skills						
Independent intellectual skills						
Analytical/Problem solving skills						
Respect for others						

Please provide additional comments that would be helpful in assessing the applicant's qualifications for attending the University of Arkansas Summer Academy (i.e ability to handle accelerated academic courses, ability to live away from home for three weeks, need for academic enrichment/challenges, etc.). Please use separate sheet if necessary.
