

NHJ High Ability Program - Teacher Recommendation Form

Teacher's name _____ Student Grade _____

Please complete the referral form and return it to Jennifer Skopecek at ICIS. Your input will help determine if this child should or should not be in the High Ability Program.

Characteristics: Based on the characteristics listed below, rate each student on the degree that he/she would benefit from the High-Ability program.

The rating scale is 1-7, with 1 indicating the student only exhibits 1 characteristic below and **would not benefit** while a 7 indicates the student exhibits all 7 characteristics below and **would extremely benefit** from participating in the High Ability Program.

For example, if the student exhibits **5 characteristics** from the list below, then the **rating** is a **5**.

Student Name: _____

Student Rating: _____

- Above grade level in reading and math
- Long attention span – absorbed in topics
- Independent worker – uses time wisely
- Demonstrates academic effort
- Original and imaginative ideas
- Expresses thoughts clearly
- Highly curious, asks well-thought out questions

If you have any questions, please contact Jennifer Skopecek or Dave Ennis at dennis@nhj.k12.in.us or jskopecek@nhj.k12.in.us