

Dear NSGT Applicant:

Thank you for your interest in the National Society for the Gifted and Talented. The following recommendation form may be used for eligibility toward NSGT membership 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 NSGT and no further recommendation is required.

Two completed recommendation forms are required; 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. Educators should be familiar with your current work and abilities, at least within the last two years.

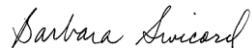
If your school system will not provide a recommendation, we also will accept those written by private instructors including tutors, music or art instructors, or other individuals familiar with your accomplishments.

For students ages 4-8 only, a parent may complete one of the forms. The attached form is the parent form; the educator form can be downloaded from our website, www.nsgt.org.

When we have received the recommendation forms, we will review your entire application and notify you of your status. Please allow 2-3 weeks for processing.

Please contact us if you have any questions.

Sincerely,



Barbara Swicord, Ed. D.
Executive Director, National Society for the Gifted and Talented

The National Society for the Gifted and Talented (www.nsgt.org), is a not-for-profit 501(c)(3) organization.

Educator Recommendation Form

The National Society for the Gifted and Talented recognizes gifted, talented, and high potential students through membership, advocacy, benefits, and services. Recommendation forms are accepted towards membership in cases where no local gifted program exists or scores are not able to be submitted. We appreciate your evaluation of this student's potential and performance to determine whether membership in NSGT is appropriate. The information you share with us is confidential. Thank you in advance for your thoughtful consideration of this student.

To be completed by the Parent or Guardian:

Student's Name: _____
(Last)
(First)
(Middle)

Date: _____ Age at Time of Application: _____

To be completed by the Teacher or Administrator:

Recommender's Name: _____
(Last)
(First)

Job Title: _____ Relationship to Student: _____

School Name & Address: _____

Phone*: _____ E-mail address*: _____

*You will only be contacted if further information is needed to process the student's application.

How long have you been familiar with the student's work? _____

Would you be interested in receiving additional information about NSGT programs? (yes/no)

Please indicate what information you would like to receive:

- | | |
|--|---|
| <input type="checkbox"/> monthly online newsletter | <input type="checkbox"/> printed SIG program catalogs |
| <input type="checkbox"/> PDF of the SIG programs catalog | <input type="checkbox"/> NSGT brochure |

SIG refers to the Summer Institute for the Gifted

Is this student in a gifted program? _____ If yes, please briefly describe program.

What words best describe the student’s thinking process?

- Imitative Independent Creative Original Abstract Complex Sequential Rational

Please comment as to whether or not you believe this student is a good fit for NSGT.

Please rate the student on the following, as compared to same-age peers.

Please <input type="checkbox"/> appropriate box	Unable to Evaluate	Below Grade Level	On Grade Level	One Year Above Grade Level	Two Years Above Grade Level	More than Two Years Above Grade Level
Academic Performance						
Academic Potential						
Written Skills						
Verbal Skills						
Mathematical Skills						
Communication Skills						
Problem-Solving Ability						
Please <input type="checkbox"/> appropriate box	Unable to Evaluate	Below Average	Average	Good	Excellent	Outstanding
Leadership						
Task Commitment						
Maturity						
Study/Organizational/Time Management Skills						
Intellectual Curiosity						
Creativity						
Critical/Analytical Thinking						
Potential for Intellectual Growth						
Performance in any arts area – Creative, Dramatic, Visual						

Please write briefly about this student, indicating both strengths and weaknesses, and highlighting any specific outstanding contributions this student may have made to the school or community. Please feel free to contact the NSGT office at 866-303-4744 or info@nsgt.org if you wish to provide further information.

Please return this form to the address below. To ensure your confidentiality, please sign your name over the envelope seal. You can also return the form via email to admissions@giftedstudy.org or by fax to 203.399.5201.

Thank you for your thoughtful consideration of this student.