

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.

Parent 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.

Parent recommendations are accepted only for students, ages 4-8, in lieu of one educator form.

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

Date: _____ Age at Time of Application: _____

Is your child 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 rate your child on the following, as compared to same-age peers.

Please <input checked="" 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 comment on why you believe your child is a good fit for NSGT.

Please write briefly about your child, indicating both strengths and weaknesses, and highlighting any specific outstanding contributions your child may have made to a school or community.

Please return the this form to the address below. You can also return the form via email to info@nsgt.org or by fax to 203.399.5201.