

NHJ High Ability Program - Teacher Recommendation Form

Teacher's Name: _____

Student Grade: _____

Please complete the referral form and return it to your building principal.

Your input will help determine if this child should or should not be in High Ability Programming.

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 High Ability Programming.

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

If you have any questions, please contact your building principal.

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**