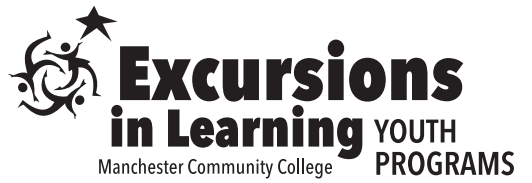


2019 STUDENT RECOMMENDATION FORM

TO BE COMPLETED BY THE STUDENT'S CLASSROOM TEACHER OR GUIDANCE COUNSELOR

REQUIRED ONLY FOR NEW STUDENTS

APPLYING TO THE SUMMER ACADEMY FOR GIFTED AND TALENTED YOUTH



INSTRUCTIONS

This form must be completed by your child's classroom teacher or guidance counselor and sent directly to the Coordinator, Linda Armstrong.

This form can also be completed and submitted online at www.manchestercc.edu/excursions under "Registration."

Student's Name _____ Grade _____ Date _____
(Last) (First) (Middle Initial)

Parent's Name _____ Email _____

Name of Teacher Completing Form _____ Position/title _____

School Name _____ Teacher's email _____

1. Does this student participate in a gifted and talented program in his/her school district? YES NO No formal gifted program in our district

If yes, name of program _____

2. We strive for the best possible match of student to course. In what subject areas does this student show strength and interest?

3. Will this student be able to successfully participate and focus for a 3-hour class? Please explain: _____

4. Has this student ever been sent to the principal or vice principal's office for behavior related issues? YES NO

Area Please check what applies	Average	Above Average	Superior	Other Explain <i>(use separate paper if needed)</i>
Ability				
Focus				
Motivation				

This student is:	Never	Rarely	Sometimes	Frequently	Always
Kind and considerate to others					
Respectful					
Motivated to complete tasks given					
Follows instruction					
Shows level of creativity					

4. What other information about this student should the Excursions in Learning Program consider?

Signature of Teacher Completing Form _____

CONTACT INFORMATION:

larmstrong@manchestercc.edu • 860-512-2804 • FAX: 860-512-2801

**Please send this form to
larmstrong@manchestercc.edu**