Dear SIG applicant,

Thank you for your application to the Summer Institute for the Gifted. The following recommendation form may be used toward admittance into a 2020 SIG program if no local gifted program exists in your community and/or you are unable to submit qualifying test scores from standardized tests or talent searches. If your school does have a gifted and talented program that you attend, then the teacher should forward documentation of your participation to SIG and no further recommendation is required.

For the Innovators Program, (ages 9-17): Two completed Recommendation Forms are required. Please have both forms completed by educators who teach a core content area such as English language arts, math, science, or social studies and are familiar with your creative achievements, pursuits, and potential. Educators should be familiar with your current work and abilities, at least within the last two years.

For the Investigators Program, (ages 5-12): Two completed Recommendation Forms are required. Please have both forms completed by educators who teach a core content area such as English language arts, math, science, or social studies and are familiar with your creative achievements, pursuits, and potential. For students ages 5-8, a parent may complete a Recommendation Form (please see the SIG website to download the parent form, www.giftedstudy.org).

If your school system is unable to provide a recommendation, we also will accept those prepared by private instructors including tutors or other instructors familiar with your accomplishments and abilities.

Directions:

- An online form can be completed and submitted. Please provide the recommender the following link: https://www.surveymonkey.com/r/Educator2020
- Optionally, the person providing the recommendation may complete the attached form and return it directly to the address listed at the bottom of the form or via email to admissions@giftedstudy.org. He or she should not send it back to you.
- As a courtesy, please provide the individual with a stamped envelope addressed to SIG Admissions, 1 High Ridge Park, Stamford, CT 06905.
- Be sure to provide these individuals with a copy of our catalog so that they can gain a better understanding of the nature of our programs.

When we have received both Recommendation Forms, we will review your entire application and notify you of your status. Please allow one week for review.

Please contact us if you have any questions.

Sincerely,

Barbara Swicord
Barbara Swicord, Ed. D.
CEO, Summer Institute for the Gifted and National Society for the Gifted and Talented

The Summer Institute for the Gifted is a program of the AIFS Foundation, a not-for-profit 501(c)(3) organization.
2020 Educator Recommendation Form

SIG provides gifted, talented and high potential students with an interesting and challenging three-week academic, social, cultural, and recreational experience. Recommendation forms are accepted towards admittance in cases where no local gifted program exists, or test scores are not available for submission. We appreciate your evaluation of this student’s potential and performance to determine whether placement in this selective program is appropriate and we kindly ask that you provide detailed responses where required. The information you share with us is confidential.

To be completed by the Parent or Guardian:

Student’s Legal Name (no nicknames please): ___________________________ (Last) ___________________________ (First)

Applying for the SIG session at: ___________________________ Age at Program Start: ___________

(Campus Location) (2020)

Is this student in a formalized program established to meet the exceptional learning needs of students with high academic, intellectual or creative potential? ________________________________________________________________________________________

If yes, please name and briefly describe the program.

To be completed by the Teacher or Administrator:

Recommender’s Name: ___________________________ (Last) ___________________________ (First)

Job Title: ___________________________ Subject: ___________________________ 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 SIG? (yes/no) Please indicate what information you would like to receive:

_____the monthly online newsletter  ____print material  ____digital catalog

What words best describe the student’s thinking process (maximum three)?

☐ Imitative  ☐ Independent  ☐ Creative  ☐ Original  ☐ Abstract  ☐ Complex  ☐ Sequential  ☐ Rational

☐ Other ___________________
SIG is a three-week, academically rigorous summer program in which students take 4 challenging courses in a variety of content areas with like-minded and like-ability age peers. Please comment as to why you believe this student is a good fit for a program like SIG.

Please provide a brief summary of the student. Please include the student’s academic or intellectual strengths, special interests, and/or talents.

Please indicate any concerns you have about this student participating successfully in SIG.

Please outline a specific project the student worked on in class that demonstrated high academic ability or creativity.
Please rate the student on the following.

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<thead>
<tr>
<th>Please ✓ appropriate box</th>
<th>Unable to Evaluate</th>
<th>Below Grade Level</th>
<th>On Grade Level</th>
<th>One Year Above Grade Level</th>
<th>Two Years Above Grade Level</th>
<th>More than Two Years Above Grade Level</th>
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<td>Academic Performance</td>
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<td>Academic Potential</td>
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<td>Written Skills</td>
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<td>Verbal Skills</td>
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<td>Mathematical Skills</td>
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<td>Communication Skills</td>
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<td>Creative Problem-Solving Ability</td>
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Please rate the student on the following.

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<th>Please ✓ appropriate box</th>
<th>Unable to Evaluate</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
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<td>Leadership</td>
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<td>Task Commitment</td>
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<td>Study/Organizational/Time Management Skills</td>
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<td>Intellectual Curiosity</td>
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<td>Critical/Analytical Thinking</td>
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<td>Potential for Intellectual Growth</td>
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<td>Creative Production</td>
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<td>Perceived Probability of Success at SIG</td>
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<td>Overall Qualifications</td>
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Overall recommendation to the Summer Institute for the Gifted:

☐ I recommend this student based on evidence of high potential for either academic, intellectual, or creative performance.

☐ I believe that this student is unsuited for the program at this time.
Please highlight any specific outstanding contributions this student has made to the school or community. Please feel free to contact the SIG office at 866-303-4744 or admissions@giftedstudy.org if you wish to provide further information.

Please return the form to SIG Admissions, 1 High Ridge Park, Stamford, CT 06905. 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!